Case: 19-14021 Doc: 1 Filed: 10/01/19 Page: 1 of 62

| Fill in this information to identify your case: |                               | 2 W 1 W   |
|---|-------------------------------|---|
| United States Bankruptcy Court for the:         |                               | FILED   |
| WESTERN DISTRICT OF OKLAHOMA                    |                               | 2014 2011 4   |
| Case number (if known)                          | Chapter you are filing under: | 1,2019 OCT -1 A. 8: 39  |
|   | ☐ Chapter 7                   | DOLC  |
|   | ☐ Chapter 11                  | OOL COURT OF COURT U.S. BARRAUP FOUR COURT WESTERN DISTRICT OF OK |
|   | ☐ Chapter 12                  | a troof 1   |
|   | Chapter 13                    | Check if this an amended filing                                   |

Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | Identify Yourself   | Tanakan mengan mengan mengan mengan pengan |  |
|-----|---|--|--|
|     |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 1.  | Your full name  | 1. No ta an de Saladako, ini Salaman kalebistan mili silipita dan ini Sana kalebistan ini birilinga de teta pe   |  |
|     | Write the name that is on   | Alexander  |  |
|     | your government-issued picture identification (for                | First name   | First name   |
|     | example, your driver's  | Louis  |  |
|     | license or passport).   | Middle name  | Middle name  |
|     | Bring your picture  | Bednar   |  |
|     | identification to your meeting with the trustee.                  | Last name and Suffix (Sr., Jr., II, III)   | Last name and Suffix (Sr., Jr., II, III)   |
|     |   |  |  |
| 2.  | All other names you have  |  | <u></u>  |
|     | used in the last 8 years  |  |  |
|     | Include your married or maiden names.                             |  |  |
|     |   |  | 1  |
| 3.  | Only the last 4 digits of your Social Security                    |  | 경영<br>  1842년 - 1842<br>  1842년 - 1842 |
|     | number or federal<br>Individual Taxpayer<br>Identification number | xxx-xx-3709  |  |
|     | (ITIN)  |  |  |

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| -Dec | nor a Alexander Louis t                           | seanar  | Odoc Hullipol (II Nilotril)   |
|------|---|---|---|
|      |   |   |   |
|      |   |   |   |
|      |   |   |   |
|      |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                               |
|      | A I   | <u> </u>  |   |
| 4.   | Any business names and<br>Employer Identification |   |   |
|      | Numbers (EIN) you have                            | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.                                |
|      | used in the last 8 years                          |   |   |
|      | Include trade names and                           | Business name(s)  | Business name(s)  |
|      | doing business as names                           |   |   |
|      |   | EINs  | EINs  |
|      |   |   |   |
|      |   |   | - 구성생원<br>1월 42명  |
|      |   |   |   |
| _    | Where you live                                    |   | If Debtor 2 lives at a different address:                                   |
| 5.   | Where you live                                    |   | il Debioi 2 lives at a ullierent address.                                   |
|      |   | 3221 NW 192nd Terrace   |   |
|      |   | Rumber, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code                                      |
|      |   | Number, Siteet, City, State & ZIF Code  | Number, Street, Oity, State & ZIF Code                                      |
|      | •   | Oklahoma  |   |
|      | •   | County  | County  |
|      | •   | If your mailing address is different from the one   | If Debtor 2's mailing address is different from yours, fill it              |
|      | ā.  | above, fill it in here. Note that the court will send any notices to you at this mailing address. | in here. Note that the court will send any notices to this mailing address. |
|      |   | notices to you at this mailing address.   | mailing address.  |
|      |   | 13919-B North May # 217   |   |
|      |   | Oklahoma City, OK 73134  Number, P.O. Box, Street, City, State & ZIP Code                         | Number, P.O. Box, Street, City, State & ZIP Code                            |
|      |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code                            |
|      |   |   |   |
|      |   |   |   |
|      |   | •   |   |
| 6.   | Why you are choosing<br>this district to file for | Check one:  | Check one:  |
|      | bankruptcy  | Over the last 180 days before filing this petition,   | Over the last 180 days before filing this petition, I                       |
|      |   | I have lived in this district longer than in any  | have lived in this district longer than in any other                        |
|      |   | other district.   | district.   |
|      |   | ☐ I have another reason.  | ☐ I have another reason.  |
|      |   | Explain. (See 28 U.S.C. § 1408.)  | Explain. (See 28 U.S.C. § 1408.)  |
|      |   |   |   |
|      |   |   |   |
|      |   |   |   |
|      | · ·   |   | <u> </u>  |

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| Deb       | or 1 Alexander Louis E                             | sednar                                     |  |                                      | Case nui                                  | TIDEL (IL KUOMU)   |                                       |
|-----------|--|--|--|--------------------------------------|---|--|---------------------------------------|
|           |  |  |  |                                      |   |  |                                       |
| Part      | 2: Tell the Court About                            |  |  |                                      |   |  | _                                     |
| <b>7.</b> | The chapter of the Bankruptcy Code you are         | Check one. (For a b<br>(Form 2010)). Also, | rief description of each, see<br>go to the top of page 1 and     | e <i>Notice Red</i><br>I check the a | uired by 11 U.S.C.<br>ppropriate box.     | § 342(b) for Individuals Filing for  | Bankruptcy                            |
|           | choosing to file under                             | ☐ Chapter 7                                |  |                                      |   |  |                                       |
|           |  | ☐ Chapter 11                               | •  |                                      |   |  |                                       |
|           |  | ☐ Chapter 12                               |  |                                      |   |  |                                       |
|           |  | Chapter 13                                 |  | i.                                   |   |  |                                       |
|           | •  |  |  |                                      |   |  |                                       |
| 8.        | How you will pay the fee                           | about how vo                               | ou may pay. Typically, if you attorney is submitting your        | are paying                           | the fee yourself, yo                      | e clerk's office in your local court fo<br>ou may pay with cash, cashier's cl<br>attorney may pay with a credit care | neck, or money                        |
|           |  |  | y the fee in installments. It<br>se in Installments (Official Fo |                                      | this option, sign a                       | nd attach the Application for Indiv  | iduals to Pay                         |
|           | <b>₹</b>   | <del>-</del>                               | · ·  |                                      | this option only if v                     | ou are filing for Chapter 7. By law  | . a iudge mav.                        |
|           |  | but is not req                             | uired to, waive your fee, an<br>ur family size and you are u     | d may do so<br>inable to pay         | only if your incom<br>the fee in installm | e is less than 150% of the official<br>ents). If you choose this option, yo<br>103B) and file it with your petition  | poverty line that<br>ou must fill out |
| 9.        | Have you filed for                                 | □ No.                                      |  |                                      |   |  |                                       |
| •.        | bankruptcy within the last 8 years?                | Yes.                                       |  |                                      | · .                                       |  |                                       |
|           |  | District                                   | Western District of<br>Oklahoma                                  | When                                 | 6/06/19                                   | Case number 19-12312   |                                       |
|           |  | District                                   | ·  | When                                 |   | Case number  |                                       |
|           |  | District                                   |  | When                                 |   | Case number  |                                       |
| 40        | Are one banksunter                                 |  |  |                                      | <del></del> ,                             | ·  |                                       |
| 10.       | Are any bankruptcy cases pending or being          | ■ No                                       |  | •                                    |   |  |                                       |
|           | filed by a spouse who is not filing this case with | ☐ Yes.                                     |  |                                      |   | •  |                                       |
|           | you, or by a business partner, or by an affiliate? |  | ·  |                                      |   |  |                                       |
|           | annater  | Debtor                                     |  |                                      |   | Relationship to you  |                                       |
|           |  | District                                   |  | When                                 |   | Case number, if known  |                                       |
|           | •  | Debtor                                     |  | vilen                                |   | Relationship to you  |                                       |
|           |  | District                                   |  | When                                 |   | Case number, if known  |                                       |
|           |  | . Diourot                                  | ·  |                                      |   |  |                                       |
| 11.       | Do you rent your                                   | □ No. Go to I                              | ine 12.  |                                      |   | · .  |                                       |
|           | residence?   | Yes. Has yo                                | our landlord obtained an evi                                     | ction judgme                         | ent against you?                          | ;  |                                       |
|           |  |  | No. Go to line 12.   |                                      |   | ,  |                                       |
|           |  |  |  | ent About an                         | Eviction Judgmen                          | t Against You (Form 101A) and file   | e it with this                        |
|           |  |  | bankruptcy petition.   |                                      |   |  |                                       |

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1 Alexander Louis Bednar Case number (if known)

| -    | Alexander Louis L   | ocumui.                |   | <del></del>   |
|------|---|------------------------|---|---|
| Pari | Poport About Any Ru   | einoccoc '             | ou Own as a Sole Proprietor                           |   |
|      |   |                        | Ou Own as a bole i Toprictor                          |   |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | □ No.                  | Go to Part 4.   |   |
|      |   | ■ Yes.                 | Name and location of business                         | · ·   |
|      | A sole proprietorship is a business you operate as  |                        | Bednar Consulting                                     |   |
|      | an individual, and is not a separate legal entity such  |                        | Name of business, if any                              |   |
|      | as a corporation,<br>partnership, or LLC.<br>If you have more than one                                  | ٠                      | 13919-B North May Ave #217<br>Oklahoma City, OK 73134 |   |
| •    | sole proprietorship, use a  | .:                     | Number, Street, City, State & ZIP C                   | ode   |
|      | separate sheet and attach it to this petition.  |                        | Check the appropriate box to descr                    | •   |
|      |   |                        | ,, ,  | efined in 11 U.S.C. § 101(27A))   |
|      |   |                        | ☐ Single Asset Real Estate (a.                        | s defined in 11 U.S.C. § 101(51B))  |
|      | •   |                        | Stockbroker (as defined in 1                          | 1 U.S.C. § 101(53A))  |
|      |   |                        | ☐ Commodity Broker (as defin                          | ed in 11 U.S.C. § 101(6))   |
|      |   |                        | ■ None of the above                                   |   |
|      |   |                        |   |   |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor? | deadlines<br>operation | . If you indicate that you are a small bu             | t know whether you are a small business debtor so that it can set appropriate isiness debtor, you must attach your most recent balance sheet, statement of ome tax return or if any of these documents do not exist, follow the procedure |
|      | For a definition of small   | ■ No.                  | I am not filing under Chapter 11.                     |   |
|      | business debtor, see 11<br>U.S.C. § 101(51D).   | □ No.                  | I am filing under Chapter 11, but I a Code.           | m NOT a small business debtor according to the definition in the Bankruptcy   |
|      |   | ☐ Yes.                 | I am filing under Chapter 11 and I a                  | m a small business debtor according to the definition in the Bankruptcy Code.   |
| Par  | t 4: Report if You Own or   | Have Any               | Hazardous Property or Any Propert                     | y That Needs Immediate Attention  |
|      | Do you own or have any  | ■ No.                  | Transfer of Ally 1 Topole                             | , mat needs initioalate Attention   |
|      | property that poses or is   |                        |   |   |
|      | alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                   | ☐ Yes.                 | What is the hazard?                                   |   |
|      | public health or safety?<br>Or do you own any   |                        | Minima di da atta di                                  |   |
|      | property that needs immediate attention?  |                        | If immediate attention is needed, why is it needed?   | <u> </u>  |
|      | For example, do you own perishable goods, or  |                        |   |   |
|      | livestock that must be fed,<br>or a building that needs   |                        | Where is the property?                                |   |
|      | urgent repairs?   |                        | Number, S   | Street, City, State & Zip Code  |
|      |   |                        |   |   |

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Case number (if known) Alexander Louis Bednar Debtor 1 Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5: About Debtor 2 (Spouse Only in a Joint Case): **About Debtor 1:** You must check one: 15. Tell the court whether You must check one: I received a briefing from an approved credit I received a briefing from an approved credit you have received a counseling agency within the 180 days before I filed counseling agency within the 180 days before I briefing about credit filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of counseling. completion. certificate of completion. The law requires that you Attach a copy of the certificate and the payment plan, if Attach a copy of the certificate and the payment receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit You must truthfully check I received a briefing from an approved credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed one of the following this bankruptcy petition, but I do not have a certificate filed this bankruptcy petition, but I do not have choices. If you cannot do of completion. a certificate of completion. so, you are not eligible to file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. anv. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. days after I made my request, and exigent request, and exigent circumstances merit a 30-day circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement. attach a separate sheet explaining what efforts you made To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent circumstances required you to file this case. you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or makes me incapable of realizing or making rational making rational decisions about finances. decisions about finances. Disability. Disability. П My physical disability causes me to be My physical disability causes me to be unable to unable to participate in a briefing in person, participate in a briefing in person, by phone, or by phone, or through the internet, even after I through the internet, even after I reasonably tried to reasonably tried to do so. do so. Active duty. Active duty.

I am currently on active military duty in a

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

military combat zone.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver

combat zone.

of credit counseling with the court.

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| Deb | otor 1 Alexander Louis E                                       | Bednar                       |   | Case numb  | DEF (if known)  |
|-----|--|------------------------------|---|--|---|
| Par | t 6: Answer These Questi                                       | ons for R                    | eporting Purposes   |  |   |
| 16. | What kind of debts do you have?                                | 16a.                         | Are your debts primarily consumindividual primarily for a personal,           | mer debts? Consumer debts are de family, or household purpose."                  | fined in 11 U.S.C. § 101(8) as "incurred by an  |
|     | •  |                              | ☐ No. Go to line 16b.   |  |   |
|     | ,  | •                            | Yes. Go to line 17.   | •  |   |
|     |  | 16b.                         | Are your debts primarily busine   | ess debts? Business debts are debt<br>ant or through the operation of the bu     | s that you incurred to obtain   |
|     |  |                              | ☐ No. Go to line 16c.   |  |   |
|     |  |                              | ☐ Yes. Go to line 17.   |  |   |
|     | •  | 16c.                         | State the type of debts you owe th  | nat are not consumer debts or busine   | ess debts   |
|     |  |                              |   | <u> </u>   | ·   |
| 17. | Are you filing under<br>Chapter 7?                             | ■ No.                        | I am not filing under Chapter 7. G  | o to line 18.  |   |
|     | Do you estimate that after any exempt property is excluded and | ☐ Yes.                       | I am filing under Chapter 7. Do yo are paid that funds will be availab        | u estimate that after any exempt pro<br>le to distribute to unsecured creditor   | operty is excluded and administrative expenses s?                                       |
|     | administrative expenses are paid that funds will               |                              | □ No  |  |   |
|     | be available for   |                              | ☐ Yes   |  |   |
|     | distribution to unsecured creditors?                           | ,                            |   |  |   |
| 18. | How many Creditors do you estimate that you owe?               | ■ 1-49<br>□ 50-99<br>□ 100-1 |   | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000                                | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000                               |
|     | :  | □ 200-9                      | 999   |  | •   |
| 19. | How much do you  | □ \$0 - \$                   |   | ☐ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |
|     | estimate your assets to<br>be worth?                           |                              | 01 - \$100,000  | ☐ \$10,000,001 - \$50 million  | ☐ \$1,000,000,001 - \$10 billion  |
|     | ·<br>  |                              | 001 - \$500,000<br>001 - \$1 million  | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                              |
| 20. | How much do you  | □ \$0-\$                     | 550,000   | □ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities<br>to be?                            |                              | 001 - \$100,000   | ☐ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |
|     |  |                              | 001 - \$500,000<br>001 - \$1 million  | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                   | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                               |
|     | <del>.</del>   | — \$500,<br>———              |   | — \$\psi 100,000,001 = \psi 200 \tallinon  | More than \$50 billion  |
| Par | t 7: Sign Below  |                              |   |  |   |
| For | you  | l have ex                    | ramined this petition, and I declare  | under penalty of perjury that the info   | rmation provided is true and correct.   |
|     |  | If I have<br>United S        | chosen to file under Chapter 7, I an<br>tates Code. I understand the relief a | n aware that I may proceed, if eligible<br>available under each chapter, and I d | e, under Chapter 7, 11,12, or 13 of title 11,<br>choose to proceed under Chapter 7.     |
|     |  | If no atto                   | rney represents me and I did not pa<br>nt, I have obtained and read the not   | y or agree to pay someone who is note required by 11 U.S.C. § 342(b).            | ot an attorney to help me fill out this   |
|     |  | I request                    | relief in accordance with the chapte  | er of title 11, United States Code, sp   | ecified in this petition.   |
|     |  | bankrupt<br>and 3571         | cy case can result in fines up to \$25  | ealing property, or obtaining money 50,000, or imprisonment for up to 20         | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |  |                              | ander Louis Bednar  | 0:   |   |
|     |  |                              | der Louis Bednar  | Signature of Debt  | Or ∠  |
|     |  | Executed                     | Softening John James 2019   | Executed on  |   |
|     |  |                              | MM/DD/YYYY  | MI   | M / DD / YYYY   |

Case: 19-14021 Filed: 10/01/19 Page: 7 of 62 For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| •   |  |                      |
|---|--|----------------------|
| Are you aware that filing for bankruptcy is a serious act consequences?  No Yes   | ion with long-term                         | financial and legal  |
| Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or impriso   No  Yes  |  | nkruptcy forms are   |
| Did you pay or agree to pay someone who is not an attern No  Yes. Name of Person  Attach Bankruptcy Petition Preparer's Notice, Dec                                       |  |                      |
| By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware to attorney may cause me to lose my rights or property if I | hat filing a bankrup<br>do not properly ha | otcy case without an |
| Signature of Debtor 1   | Signature of Debtor                        | 2                    |
| Date $\frac{9 \cdot 30 - 19}{\text{MM / DD / YYYY}}$  | Date Mi                                    | M / DD /YYYY         |
| Contact phone   | Contact phone                              |                      |
| Cell phone 405 420 9030   | Cell phone                                 |                      |
| Email address bedrarconsultagnal.   | Email address                              |                      |

attorney

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| Fill is         | this information                      | on to identify your                                  | ase:   |                                     |                                |                       |                   |                          |
|-----------------|---------------------------------------|--|--|-------------------------------------|--------------------------------|-----------------------|-------------------|--------------------------|
| -               |                                       |  |  |                                     |                                |                       |                   |                          |
| Debt            |                                       | Nexander Louis I                                     | Middle Name  | Last N                              | ame                            | <del></del>           |                   |                          |
| Debt<br>(Spou   |                                       | irst Name  | Middle Name  | Last N                              | ame                            |                       |                   |                          |
| Unite           | d States Bankru                       | ptcy Court for the:                                  | WESTERN DISTRICT   | OF OKLAHOM                          | Α                              |                       |                   |                          |
| Case<br>(if kno | e number<br>wn)                       |  |  |                                     |                                |                       |                   | c if this is an          |
| l. <u>-</u> _   | · · · · · · · · · · · · · · · · · · · |  |  |                                     |                                |                       | . amen            | ueu iiii ig              |
| Sur             | nmary of Y                            |  | and Liabilities a  |                                     |                                |                       |                   | 12/15                    |
| infor           | nation. Fill out                      | all of your schedule                                 | le. If two married peop<br>es first; then complete<br>new <i>Summary</i> and che   | the information                     | n on this form. If yo          | u are filing amend    |                   |                          |
| Part            | 1: Summariz                           | e Your Assets  |  |                                     |                                |                       |                   |                          |
|                 |                                       |  |  |                                     |                                |                       | Your a<br>Value ( | ssets<br>of what you own |
| 1.              | Schedule A/B:<br>1a. Copy line 55     | <b>Property</b> (Official Fo                         | orm 106A/B)<br>om Schedule A/B   |                                     |                                |                       | \$                | 85,000.00                |
|                 | 1b. Copy line 62                      | , Total personal pro                                 | perty, from Schedule A/  | B                                   |                                |                       | \$                | 191,650.00               |
|                 | 1c. Copy line 63                      | , Total of all propert                               | on Schedule A/B  |                                     |                                |                       | \$                | 276,650.00               |
| Part            | 2: Summariz                           | e Your Liabilities                                   |  |                                     |                                |                       |                   |                          |
|                 |                                       |  |  |                                     |                                |                       |                   | abilities<br>I you owe   |
| 2.              | Schedule D: Cre<br>2a. Copy the tot   | editors Who Have Ci<br>al you listed in Colui        | aims Secured by Prope<br>nn A, Amount of claim,  | rty (Official Form at the bottom of | 106D)<br>the last page of Part | 1 of Schedule D       | \$                | 0.00                     |
| 3.              |                                       |  | Unsecured Claims (Office 1) (Office 1) (Office 1) (Office 1) (Office 2) (Offi |                                     |                                |                       | \$                | 179,500.00               |
|                 | 3b. Copy the to                       | tal claims from Part                                 | 2 (nonpriority unsecured   | d claims) from lin                  | e 6j of Schedule E/F           | •                     | \$                | 411,098.59               |
|                 |                                       |  | . :  |                                     | •                              |                       |                   |                          |
|                 |                                       |  |  |                                     | Y                              | our total liabilities | \$                | 590,598.59               |
| D- 4            |                                       |  | -  |                                     |                                |                       |                   |                          |
| Part            | Summariz                              | e Your Income and                                    | Expenses   |                                     | ·                              |                       |                   |                          |
| 4.              |                                       | r Income (Official Fo<br>pined monthly incom         | rm 106I)<br>e from line 12 of <i>Sched</i> i   | ule I                               | ••••••                         |                       | \$                | 4,960.00                 |
| 5.              | Schedule J: You<br>Copy your mont     | <i>ır Expenses</i> (Official<br>hly expenses from li | Form 106J)<br>ne 22c of <i>Schedule J</i> .  |                                     |                                |                       | \$                | 2,165.00                 |
| Part            | 4: Answer Ti                          | nese Questions for                                   | Administrative and St  | atistical Record                    | ls                             |                       |                   |                          |
| 6.              |                                       | • •  | er Chapters 7, 11, or 1:<br>on this part of the form.  |                                     | and submit this form           | to the court with yo  | ur other sc       | hedules.                 |
|                 | ■ Yes                                 |  |  |                                     |                                |                       |                   |                          |
| 7.              | What kind of de                       | ebt do you have?                                     |  |                                     |                                |                       |                   |                          |
|                 |                                       |  | sumer debts. Consume<br>§ 101(8). Fill out lines 8   |                                     |                                |                       | a personal        | , family, or             |
|                 |                                       | s are not primarily<br>ith your other sched          | consumer debts. You l  | have nothing to r                   | eport on this part of t        | the form. Check this  | s box and s       | ubmit this form to       |
| Offic           | ial Form 106Sun                       | 7  | of Your Assets and Lia   | ibilities and Cei                   | tain Statistical Info          | rmation               | •                 | page 1 of 2              |

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| Deb | tor 1 | Alexander Louis Bednar Case nur  | mber (if known)             |                |
|-----|-------|--|-----------------------------|----------------|
| 8.  | From  | m the Statement of Your Current Monthly Income: Copy your total current monthly A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | r income from Official Form | \$<br>6,000.00 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total     | claim      |
|--|-----------|------------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00       |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 179,500.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | <b>\$</b> | 0.00       |
| 9d. Student loans. (Copy line 6f.)   | \$        | 168,155.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00       |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00       |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 347,655.00 |

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| Debtor 1                       | Alexander   | Louis Bednar            |   |  |                                       |  |   |   |
|--------------------------------|---|-------------------------|---|--|---------------------------------------|--|---|---|
|                                | First Name  |                         | Name  | Last Name  |                                       |  |   | •   |
| Debtor 2<br>Spouse, if filing) | First Name  | Middle                  | e Name  | Last Name  |                                       |  |   |   |
|                                | Bankruptcy Court fo   | orthe: WESTERN          | I DISTRICT OF   | OKI AHOMA  |                                       |  |   |   |
| miled States i                 | Bankiupicy Court is   | TVESTERN                | T DIOTITIOT OF  | 0112 11101101  |                                       |  |   | _   |
| Case number                    |   |                         |   | •  |                                       |  |   | Check if this is a<br>amended filing  |
|                                |   | <del>.</del>            |   |  |                                       | <del></del> .  |   | amended limig   |
| Official E                     | orm 1061  | D                       |   |  |                                       |  |   |   |
|                                | orm 106A/<br>I <b>le A/B: P</b>                             |                         |   |  |                                       |  |   | 4045  |
|                                |   | <del></del>             |   | ce. If an asset fits in n  |                                       |  |   | 12/15   |
| □ No. Go to F                  |   | equitable interest in a | any residence, bu   | ilding, land, or similar   | property?                             |  |   |   |
| ■ Yes. Wher                    | e is the property?  |                         |   |  |                                       |  |   |   |
|                                | e is the property?  |                         |   |  |                                       | a anganinggangananana  |   |   |
| 1.1<br>3514 Ga                 | arden Place ess, if available, or other de ma City OK State | 73112-0000 ZIP Code     | Single-I Duplex Condor Manufa Land Investm Timesh Other   | nterest in the property  |                                       | the amount of ar Creditors Who H  Current value o entire property \$85,00  Describe the na   | y secured claims of the Control of the Control of pour characters of your mple, tenance | s or exemptions. Put-<br>aims on <i>Schedule D</i> ;<br>Secured by Property.<br>Surrent value of the<br>ortion you own?<br>\$85,000.0 |
| 3514 Ga Street addre           | arden Place ess, if available, or other de ma City OK State | 73112-0000              | Single-I Duplex Condor  Manufa Land Investm Timesh Other Who has an in Debtor                                     | family home or multi-unit building minium or cooperative actured or mobile home nent property are nterest in the property  |                                       | the amount of ar Creditors Who H  Current value o entire property \$85,00  Describe the na (such as fee sin a life estate), if Life Estate   | y secured claims S  f the C  p  00.00  ture of your nple, tenance known.                | aims on Schedule D. Secured by Property.  Surrent value of the ortion you own? \$85,000.0   |
| 3514 Ga Street addre           | arden Place ess, if available, or other de ma City OK State | 73112-0000              | Single-I Duplex Condor  Manufa Land Investm Other Who has an in Debtor Debtor Debtor At least                     | family home or multi-unit building minium or cooperative neutured or mobile home ment property are nterest in the property 1 only 2 only 1 and Debtor 2 only t one of the debtors and  | ? Check one                           | the amount of ar Creditors Who H  Current value o entire property: \$85,00  Describe the na (such as fee sin a life estate), if Life Estate  Check if th (see instruction                | y secured claims S  f the C  p  00.00  ture of your nple, tenance known.                | aims on Schedule D:<br>Secured by Property.  Gurrent value of the ortion you own? \$85,000.0  |
| 3514 Ga Street addre           | arden Place ess, if available, or other de ma City OK State | 73112-0000              | Single-I Duplex Condor  Manufa Land Investm Other Who has an in Debtor Debtor Debtor At least                     | family home or multi-unit building minium or cooperative netured or mobile home ment property are nterest in the property 1 only 2 only 1 and Debtor 2 only                            | ? Check one                           | the amount of ar Creditors Who H  Current value o entire property: \$85,00  Describe the na (such as fee sin a life estate), if Life Estate  Check if th (see instruction                | y secured claims S  f the C  p  00.00  ture of your nple, tenance known.                | aims on Schedule D. Secured by Property.  Surrent value of the ortion you own? \$85,000.0   |
| 3514 Ga Street addre           | arden Place ess, if available, or other de ma City OK State | 73112-0000              | Single-in Duplex Condor  Manufa Land Investm Other  Who has an in Debtor Debtor Debtor At least Other information | family home or multi-unit building minium or cooperative neutured or mobile home ment property are 1 only 2 only 1 and Debtor 2 only t one of the debtors and attion you wish to add a | ? Check one I another about this item | the amount of ar Creditors Who H  Current value o entire property: \$85,00  Describe the na (such as fee sin a life estate), if Life Estate  Check if th (see instruction, such as local | y secured claims S  f the C  p  00.00  ture of your nple, tenance known.                | aims on Schedule D. Secured by Property.  Surrent value of the ortion you own? \$85,000.0   |
| 3514 Ga Street addre           | arden Place ess, if available, or other de ma City OK State | 73112-0000              | Single-in Duplex Condor  Manufa Land Investm Other  Who has an in Debtor Debtor Debtor At least Other information | family home or multi-unit building minium or cooperative neutured or mobile home ment property are 1 only 2 only 1 and Debtor 2 only t one of the debtors and attion you wish to add a | ? Check one I another about this item | the amount of ar Creditors Who H  Current value o entire property: \$85,00  Describe the na (such as fee sin a life estate), if Life Estate  Check if th (see instruction, such as local | y secured claims S  f the C  p  00.00  ture of your nple, tenance known.                | aims on Schedule D. Secured by Property.  Surrent value of the ortion you own? \$85,000.0   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B

Schedule A/B: Property

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| the amount of Creditors Who  Current value entire propert  \$3,1  Do not deduct the amount of Creditors Who  Current value entire propert  | 900.00  secured claims or eany secured claims Have Claims Secured claims   | on Schedule D: ed by Property. It value of the n you own? \$3,000.00  exemptions: Put on Schedule D:  |
|--|--|---|
| the amount of Creditors Who  Current value entire propert  \$3,1  Do not deduct the amount of Creditors Who  Current value entire propert  \$2,4   | any secured claims Have Claims Secur of the Currer y? portion  000.00  secured claims or e any secured claims Have Claims Secur of the Currer y? portion | on Schedule D: ed by Property  It value of the In you own?  \$3,000.00  Exemptions, Put- In Schedule D: Fied by Property  In value of the In you own? |
| the amount of Creditors Who  Current value entire propert  \$3,1  Do not deduct the amount of Creditors Who  Current value entire propert  \$2,4   | any secured claims Have Claims Secur of the Currer y? portion  000.00  secured claims or e any secured claims Have Claims Secur of the Currer y? portion | on Schedule D. red by Property. It value of the In you own? \$3,000.00  Exemptions, Put- In Schedule D. red by Property. In value of the In you own?  |
| the amount of Creditors Who  Current value entire propert  \$3,1  Do not deduct the amount of Creditors Who  Current value entire propert  \$2,4   | any secured claims Have Claims Secur of the Currer y? portion  000.00  secured claims or e any secured claims Have Claims Secur of the Currer y? portion | on Schedule D. red by Property. It value of the In you own? \$3,000.00  Exemptions, Put- In Schedule D. red by Property. In value of the In you own?  |
| the amount of Creditors Who  Current value entire propert  \$3,1  Do not deduct the amount of Creditors Who  Current value entire propert  \$2,4   | any secured claims Have Claims Secur of the Currer y? portion  000.00  secured claims or e any secured claims Have Claims Secur of the Currer y? portion | on Schedule D. red by Property. It value of the In you own? \$3,000.00  Exemptions, Put- In Schedule D. red by Property. In value of the In you own?  |
| the amount of Creditors Who  Current value entire propert  \$3,1  Do not deduct the amount of Creditors Who  Current value entire propert  \$2,4   | any secured claims Have Claims Secur of the Currer y? portion  000.00  secured claims or e any secured claims Have Claims Secur of the Currer y? portion | on Schedule D. red by Property. It value of the In you own? \$3,000.00  Exemptions, Put- In Schedule D. red by Property. In value of the In you own?  |
| Current value entire propert \$3,1  Do not deduct the amount of Creditors Who  Current value entire propert \$2,4  | of the Currer portion  000.00  Secured claims or eany secured claims Have Claims Secured claims of the Currer portion                                    | \$3,000.00  \$3,000.00  Examptions Puton Schedule Direct by Property and You wan?   |
| Do not deduct the amount of Creditors Who Current value entire propert   | secured claims or eany secured claims Have Claims Secured claims of the Currery?   | \$3,000.00  \$3,000.00  Exemptions, Puter on Schedule Direct by Property. Introduce of the n you own?   |
| Do not deduct the amount of Creditors Who Current value entire propert   | secured claims or e any secured claims Have Claims Secured of the Currer y?  | \$3,000.00  exemptions: Puten Schedule Direct by Property.  Introduce of the nyou own?  |
| Do not deduct the amount of Creditors Who Current value entire propert   | secured claims or e<br>any secured claims<br>Have Claims Secur<br>of the Currer<br>y? portion  | exemptions: Put<br>on Schedule D:<br>red by Property.<br>Int value of the<br>n you own?   |
| Do not deduct the amount of Creditors Who Current value entire propert   | secured claims or e<br>any secured claims<br>Have Claims Secur<br>of the Currer<br>y? portion  | exemptions: Put<br>on Schedule D:<br>red by Property.<br>Int value of the<br>n you own?   |
| the amount of Creditors Who Current value entire propert \$2,  | any secured claims Have Claims Secur of the Currer y? portion  | on Schedule D:<br>red by Property<br>nt value of the<br>n you own?  |
| the amount of Creditors Who Current value entire propert \$2,  | any secured claims Have Claims Secur of the Currer y? portion  | on Schedule D:<br>red by Property<br>nt value of the<br>n you own?  |
| Current value entire propert   | Have Claims Secur<br>of the Currer<br>y? portion   | red by Property:<br>nt value of the<br>n you own?   |
| Current value entire proper \$2,   | of the Currer<br>y? portion  | nt value of the<br>n you own?   |
| \$2,   | y? portio  | n you own?  |
| \$2,   |  | ·   |
| and accessories  | 500.00   | \$2,500.00  |
| and accessories  | 500.00   | \$2,500.00  |
| and accessories<br>le accessories  |  |   |
| g any entries for<br>=>  |  | \$5,500.00  |
| and the second s |  |   |
|  |  | value of the you own?   |
|  | Do not c   | deduct secured  |
|  | elaims o   | or exemptions.  |
|  |  |   |
| ,  |  |   |
|  |  |   |
|  |  |   |
|  |  | \$1,200.0   |
| · · · · · · · · · · · · · · · · · · ·  |  |   |
|  |  |   |
| rinters, scanners; mus   | ic collections; ele  | ectronic devices  |
|  |  |   |
|  |  | •   |
|  |  |   |
|  |  | \$250.0   |
| · ·  |  | \$250.0   |
|  |  |   |
|  |  |   |
|  | roin, or baseball c  | card collections;   |
| er art objects; stamp, o   | oni, or bassban s  |   |
| er art objects; stamp, o   | oni, or buccoun o  |   |
| er art objects; stamp, o   | , or bassban s   | •   |
| pı   |  | printers, scanners; music collections; ele  |

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| Debtor 1                   | Alexander L  | ouis Bednar   |                                | Case number (if known)                 |  |
|----------------------------|--|---|--------------------------------|--|--|
|                            |  |   |                                |  |  |
|                            |  | various art painting  |                                | ·                                      | \$7,500.00   |
| -                          |  |   |                                | **                                     |  |
| 9. Equipn<br>Examp<br>□ No | nent for sports a<br>ples: Sports, photo<br>musical inst | ographic, exercise, and other hobby equipr                  | nent; bicycles, pool tables, g | olf clubs, skis; canoes                | and kayaks; carpentry tools;                                 |
|                            | . Describe   | •   | •                              |  | •  |
| . — 103                    | . Describe   | ·   |                                |  |  |
|                            |  | Scuba equipment and tennis rack                             | rets                           |  | \$600.00   |
|                            |  |   |                                |  |  |
| 10. Firea:<br>Exan         |  | es, shotguns, ammunition, and related equi                  | pment                          |  |  |
| ■ No                       |  |   |                                |  |  |
| ☐ Yes                      | . Describe   |   |                                |  |  |
| 11. Cloth                  | es   |   |                                |  | •  |
| Exan                       | nples: Everyday o  | lothes, furs, leather coats, designer wear, s               | shoes, accessories             | -                                      |  |
| □ No                       |  |   |                                |  |  |
| ■ Yes                      | . Describe   |   |                                | •                                      |  |
|                            |  | misc clothing   |                                |  | \$750.00   |
|                            |  | moo dodang  |                                |  |  |
| □ No<br>■ Yes              | s. Describe  | Antique watch   |                                |  | \$500.00   |
|                            |  |   |                                | —————————————————————————————————————— |  |
|                            | iarm animals<br>nples: Dogs, cats                        | birds, horses   |                                |  | ,  |
| ■ No                       |  | •   |                                |  | ,  |
| ∐ Yes                      | s. Describe  |   |                                |  |  |
| 14. <b>Any</b> o           | other personal a   | nd household items you did not already                      | list, including any health a   | ids you did not list                   |  |
| ☐ Yes                      | s. Give specific in                                      | formation   |                                | •                                      | ı  |
|                            |  |   |                                |  |  |
|                            |  | of all of your entries from Part 3, include the number here |                                | you have attached                      | \$10,800.00  |
|                            |  |   |                                |  |  |
| Part 4:                    | escribe Your Fina  | ncial Assets  | •                              |  |  |
| Do you o                   | own or have any  | legal or equitable interest in any of the                   | following?                     |  | Current value of the   |
|                            |  |   |                                |  | portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash<br>Exan           |  | have in your wallet, in your home, in a saf                 | e deposit box, and on hand v   | when you file your peti                | ion  |
| —                          |  |   |                                |  |  |
| 160                        |  |   |                                | Cash on hand                           | \$200.00   |
|                            |  |   | <del></del>                    |  |  |

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| Debtor 1          | Alexander Lo                          | ouis Bednar                              |  | Case number (if known)           | · · · · · · · · · · · · · · · · · · · |
|-------------------|---------------------------------------|--|--|----------------------------------|---------------------------------------|
| 17. Depos         | sits of money                         | avings or other financial acco           | ounts; certificates of deposit; shares in  | n credit unions, brokerage hou   | uses, and other similar               |
| _                 | institutions.                         | If you have multiple accounts            | with the same institution, list each.  | , ,                              | ·                                     |
| □ No              |                                       |  | Institution name:  |                                  |                                       |
| - 103             |                                       | ,  |  |                                  |                                       |
|                   |                                       | 17.1. checking                           | IOLTA Bank Account Bar   | nk of America                    | \$50.00                               |
|                   |                                       |  | Bank of America Acct er  | nding 3423                       |                                       |
|                   |                                       | 17.2. checking                           | currently overdrawn  |                                  | \$0.00                                |
|                   |                                       | <del>-</del>                             |  |                                  |                                       |
|                   |                                       | 17.3. <b>SOLET</b>                       | Bank of America  |                                  | \$ 160,000                            |
|                   |                                       |  | The second secon |                                  |                                       |
| 18. <b>Bond</b> : | s, mutual funds,                      | or publicly traded stocks                |  |                                  |                                       |
| Exam              | ples: Bond funds,                     | investment accounts with bro             | okerage firms, money market account  | S                                |                                       |
| ■ No<br>□ Yes     | · · · · · · · · · · · · · · · · · · · | Institution or issuer                    | name:  |                                  | ·                                     |
|                   |                                       |  |  | oog ingluding an interest i      | naniic poetnombin and                 |
|                   | venture                               | ock and interests in incorpo             | orated and unincorporated busines  | sees, including an interest i    | n an LLO, parmersmp, and              |
| _                 | . Give specific inf                   | ormation about them                      |  |                                  |                                       |
|                   |                                       | Name of entity:                          |  | % of ownership:                  |                                       |
|                   |                                       | Ownership interest<br>47-2597316         | in A.L. Bednar, LLC, #   | 100 %                            | Unknown                               |
| <del></del>       |                                       |  |  |                                  |                                       |
|                   |                                       | Ownership interest                       | in ALB Holdings, LLC #   |                                  |                                       |
|                   |                                       | 46-1442974 (LLC ha                       | s ownership on real  | 100 %                            | Unknown                               |
|                   |                                       | properety list as 35                     | 14 Garden Place, OKC 73112   |                                  | Ulikilowii                            |
|                   |                                       | Ownership in Bedn                        | ar Consulting IIC  |                                  |                                       |
|                   |                                       | #46-4241454 which                        |  |                                  | •                                     |
|                   |                                       | ownership interest<br>Puglia Brands, LLC | Falcone's Bistro, LLC, F/K/A   | 100 %                            | Unknown                               |
|                   |                                       | Puglia Brands, LLC                       |  |                                  |                                       |
|                   | •                                     | ALB Consulting LL                        | c  |                                  |                                       |
|                   |                                       | ID # 81-5015612                          | ···  | %                                | Unknown                               |
|                   |                                       |  |  |                                  |                                       |
|                   |                                       | Art For Interiors, LL                    | .c   |                                  |                                       |
| •                 |                                       | EIN: 46-5005507                          |  | 100 %                            | Unknown                               |
| ·                 |                                       |  |  |                                  |                                       |
| 20. <b>Gove</b>   | rnment and corp                       | orate bonds and other nego               | otiable and non-negotiable instrum   | ents                             |                                       |
|                   |                                       |  | shiers' checks, promissory notes, and<br>insfer to someone by signing or delive  |                                  |                                       |
| ■ No              | negotiable instrum                    | ients are those you cannot tra           | mister to someone by signing of deliver  | sing them.                       |                                       |
|                   | . Give specific info                  | ormation about them                      | •  |                                  |                                       |
|                   |                                       | Issuer name:                             |  |                                  | 4                                     |
|                   | ement or pension                      |  | 103(b), thrift savings accounts, or othe   | er pension or profit-sharing pla | ans                                   |
| ■ No              |                                       |  |  | . , ,                            |                                       |
| ☐ Yes             | . List each accour                    | nt separately.  Type of account:         | Institution name:  |                                  |                                       |
| Official Fo       | rm 106A/B                             |  | Schedule A/B: Property   |                                  | page 4                                |

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| Debtor 1   | Alexander Louis Bednar  | Case number (if known)  |   |
|--|---|---|---|
| 22 Secur   | rity deposits and prepayments   |   | 9   |
| Vaur   | abore of all unused denosits you ha   | ave made so that you may continue service or use from a company                     | or others                                   |
|  | nples: Agreements with landlords, p   | repaid rent, public utilities (electric, gas, water), telecommunications companies, | or others                                   |
| ■ No   |   | Institution name or individual:   |   |
|  | S   |   |   |
| 23. Annu   | ities (A contract for a periodic payn   | nent of money to you, either for life or for a number of years)                     |   |
| ■ No   |   | ·   | ,   |
| ☐ Yes  | s Issuer name and d   | escription.   |   |
| 24. Intere   | sts in an education IRA, in an acc  | count in a qualified ABLE program, or under a qualified state tuition progra        | m.  |
| 26 U.S   | S.C. §§ 530(b)(1), 529A(b), and 529   | 9(b)(1).  |   |
| ■ No   | t 114 - 11  | nd description. Separately file the records of any interests.11 U.S.C. § 521(c):    | **  |
|  |   |   |   |
| 25. <b>Trus</b> 1  | ts, equitable or future interests in  | property (other than anything listed in line 1), and rights or powers exercise      | able for your benefit                       |
| □ No   |   |   |   |
| ■ Yes  | <ol> <li>Give specific information about the</li> </ol>   | hem   | •   |
|  | Grand   | parents Trust containing oil income of approx. 650.00 per                           |   |
|  | year.   | iparents Trust containing on income of approx. 300.00 por                           | Unknown                                     |
|  | . (704.)  |   |   |
| 00 <b>n</b> 4.   |   | e secrets, and other intellectual property  |   |
| 26. Patei<br>Exai  | nts, copyrights, trademarks, trade<br>moles: Internet domain names, web                             | sites, proceeds from royalties and licensing agreements                             |   |
| □ No   | -   |   |   |
| ■ Ye   | s. Give specific information about t  | hem   | •   |
|  | Indo un   | at development  | Unknown                                     |
|  | intern  | et domain name  |   |
| □ No<br>■ Ye   | es. Give specific information about t   | hem   |   |
|  | Trade   | Mark  | Unknown                                     |
|  |   | , mark  |   |
| politica de la compania de la compa |   |   | Current value of the                        |
| Money o  | or property owed to you?  |   | portion you own?                            |
|  |   |   | Do not deduct secured claims or exemptions. |
| £101   |   |   | Claims of exemplions.                       |
| 28. <b>Tax</b>   | refunds owed to you   |   |   |
| ■ No   |   |   |   |
| ☐ Ye   | es. Give specific information about t   | hem, including whether you already filed the returns and the tax years              | •   |
|  |   |   | <del></del> -                               |
| 29. Fam  | ily support   |   |   |
| Exa<br>  | amples: Past due or lump sum alimo  | ny, spousal support, child support, maintenance, divorce settlement, property se    | ttlement                                    |
| ■ No   | =   |   |   |
| L Y€   | es. Give specific information   |   |   |
|  |   |   |   |
| 30. Othe   | er amounts someone owes you<br>amples: Unpaid wages, disability ins<br>benefits; unpaid loans you r | urance payments, disability benefits, sick pay, vacation pay, workers' compensa     | ition, Social Security                      |
| ■ No   | · · · · · · · · · · · · · · · · · · ·   |   |   |
|  | es. Give specific information   |   | •   |
|  | ·   |   |   |
| 31. Inter  | <b>rests in insurance policies</b><br>amples: Health, disability, or life insu                      | rrance; health savings account (HSA); credit, homeowner's, or renter's insurance    |   |
| ■ No   |   |   |   |
| • .  | -   |   |   |

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| Debtor 1         | Alexander Louis Bedna  | r  | Case number (if known)   |                                 |
|------------------|--|--|--|---------------------------------|
| ☐ Yes.           |  | of each policy and list its value.<br>ny name:   | Beneficiary:   | Surrender or refund             |
|                  |  | you from someone who has died ust, expect proceeds from a life insur                     | ance policy, or are currently entitled to rec                                | value:<br>eive property because |
| _                | one has died.  |  | t  |                                 |
| ■ No<br>□ Yes    | Give specific information  |  |  |                                 |
|                  |  | er or not you have filed a lawsuit o<br>sputes, insurance claims, or rights to           |  |                                 |
| Yes.             | . Describe each claim  |  |  |                                 |
|                  |  | Current litigation against lenforeclosure action. 5 possible cases ⊕MJ o⊄                | ders and individual in  hin against sinds who will be deployed and rights to | hube will bed mi                |
| ■ No             | -  | claims of every nature, including c  | ounterclaims of the debtor and rights t                                      | o set off claims                |
| ⊔ Yes            | . Describe each claim  |  |  |                                 |
| □ No             | nancial assets you did not al . Give specific information            | ready list   |  |                                 |
| 103              | . Give specino information   |  |  | •                               |
|                  |  | Equibiliable interest in prope<br>discharge (Spet. 2015)<br>Property locatede at 15721 V |  | \$175,000.00                    |
|                  |  |  |  |                                 |
|                  |  | entries from Part 4, including any   | entries for pages you have attached  | \$175,350.00                    |
| Part 5: D        | escribe Any Business-Related Pr                                      | operty You Own or Have an Interest In. I   | List any real estate in Part 1.  |                                 |
| •                | own or have any legal or equitable to Part 6.                        | le interest in any business-related prop   | erty?  |                                 |
| _                | Go to line 38.   |  |  |                                 |
| <b>—</b> 163.    | Go to time ou.   |  |  | •                               |
|                  | escribe Any Farm- and Commerc<br>you own or have an interest in farm | al Fishing-Related Property You Own o<br>and, list it in Part 1.                         | r Have an Interest In.   |                                 |
| 46. <b>Do yo</b> | u own or have any legal or ed  | uitable interest in any farm- or cor   | nmercial fishing-related property?   |                                 |
| ■ No             | . Go to Part 7.  |  | ·  |                                 |
| ☐ Ye             | s. Go to line 47.  |  |  |                                 |
| Pårt 7:          | Describe All Property You Ow   | n or Have an Interest in That You Did No   | ot List Above  | ·                               |
|                  | u have other property of any ples: Season tickets, country c         | kind you did not already list?<br>ub membership  |  |                                 |
| ■ No<br>□ Yes    | . Give specific information  |  |  | •                               |
|                  |  |  |  |                                 |
| 54. Add          | the dollar value of all of your                                      | entries from Part 7. Write that num  | ber here   | \$0.00                          |

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| Deb  | tor 1 Alexander Louis Bednar                                 |    | <del></del>                             | Case number (if known)                |              |
|------|--|----|---|---------------------------------------|--------------|
| Part | 8: List the Totals of Each Part of this Form                 |    |   | · · · · · · · · · · · · · · · · · · · |              |
| 55.  | Part 1: Total real estate, line 2                            |    | *************************************** |                                       | \$85,000.00  |
| 56.  | Part 2: Total vehicles, line 5                               |    | \$5,500.00                              |                                       |              |
| 57.  | Part 3: Total personal and household items, line 15          |    | \$10,800.00                             | •                                     |              |
| 58.  | Part 4: Total financial assets, line 36                      |    | \$175,350.00                            |                                       |              |
| 59.  | Part 5: Total business-related property, line 45             | _  | \$0.00                                  |                                       |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | _  | \$0.00                                  |                                       |              |
| 61.  | Part 7: Total other property not listed, line 54             | +_ | \$0.00                                  |                                       |              |
| 62.  | Total personal property. Add lines 56 through 61             | _  | \$191,650.00                            | Copy personal property total          | \$191,650.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |    |   |                                       | \$276,650.00 |

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|  |  |   |  |  | <u> </u>   |
|--|--|---|--|--|--|
| Fill in this infor   | mation to identify your  | case:   |  |  |  |
| Debtor 1   | Alexander Louis I  |   |  |  |  |
|  | First Name   | Middle Name   | Las  | st Name  |  |
| Debtor 2<br>Spouse if, filing)   | First Name   | Middle Name   | Las  | st Name  |  |
| Inited States Ba   | ankruptcy Court for the:   | WESTERN DISTRICT OF OR  | (LAH(  | DMA  |  |
| Sinca Otates De  | armapioy observer area   |   |  |  |  |
| Case number<br>(if known)  |  |   |  |  | ☐ Check if this is an amended filing   |
| Official Fo  | orm 106C   |   |  |  | e e e e e e e e e e e e e e e e e e e  |
| 3chedui  | le C: The Pro  | operty You Cla  | im   | as Exempt  | 4/19   |
| reeded, fill out at asse number (if left)  For each item of specific dollar at any applicable sunds—may be exemption to a so the applicable.  Part 1: Ident  1. Which set of You are of You are of Spief descriptions. | nd attach to this page as known).  If property you claim as amount as exempt. Alterstatutory limit. Some ex unlimited in dollar amount estatutory amount.  It to the Property You Claim of exemptions are you claiming state and federa claiming federal exemptions. | exempt, you must specify the reatively, you may claim the fuemptions—such as those for unt. However, if you claim ant and the value of the property aim as Exempt  I nonbankruptcy exemptions. 1 u.S.C. § 522(b)(2)  Jule A/B that you claim as exemptions. | al Pag amo amount fair health exem y is do  not if you 11 U.S  Amc | unt of the exemption you claim. I market value of the property be the aids, rights to receive certain to ption of 100% of fair market value etermined to exceed that amoun  our spouse is filing with you.  C. § 522(b)(3) | claim as exempt. If more space is additional pages, write your name an One way of doing so is to state a sing exempted up to the amount of benefits, and tax-exempt retirement to under a law that limits the t, your exemption would be limited |
|  |  | Schedule A/B  |  |  | Okla. Stat. tit. 31, § 1(A)(13)  |
|  | nmer H2 240000 miles<br>not running  | \$3,000.00  |  | \$3,000.00   | Okia. Stat. III. 31, 8 1(A)(13)  |
| Vin # 5GI  | RGN23U66H102339<br>Cchedule A/B: 3.1   |   |  | 100% of fair market value, up to any applicable statutory limit  |  |
|  | sehold items   | \$1,200.00  |  | \$1,200.00   | Okla. Stat. tit. 31, § 1(A)(3)   |
| Line from S  | Schedule A/B: 6.1  |   |  | 100% of fair market value, up to any applicable statutory limit  |  |
| 2-tv's -cel  | II phone, 2-pc   | \$250.00  |  | \$250.00   | Okla. Stat. tit. 31, § 1(A)(3)   |
| Line from S  | Schedule A/B: <b>7.1</b>   |   |  | 100% of fair market value, up to   |  |
|  |  |   | _  | any applicable statutory limit   |  |
| misc clot  |  | \$750.00  |  | \$750.00   | Okla. Stat. tit. 31, § 1(A)(7)   |
| Line from S  | Schedule A/B: 11.1   |   |  | 100% of fair market value, up to any applicable statutory limit  |  |
| Cash on I  | hand   | \$200.00  |  | \$200.00   | Okla. Stat. tit. 12, § 1171.1;   |
| Line from S  | Schedule A/B: <b>16.1</b>  |   |  | 100% of fair market value, up to   | Okla. Stat. tit. 31, § 1(A)(18)  |

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| Debtor 1 | Alexander Louis Bednar  | Case number (if known)   |  |  |   |  |
|----------|---|--|--|--|---|--|
|          | of description of the property and line on edule A/B that lists this property   | Current value of the portion you own  Copy the value from Check only one box for each exemption. |  | Specific laws that allow exemption     |   |  |
|          |   | Copy the value from<br>Schedule A/B  | Che  | the drifty one pox for each exemplion. | <u> Alemanya da Sanata </u>                                       |  |
|          | ecking: Bank of America Acct<br>ding 3423   | \$0.00   |  | \$0.00                                 | Okla. Stat. tit. 12, § 1171.1;<br>Okla. Stat. tit. 31, § 1(A)(18) |  |
| cu       | rrently overdrawn<br>e from Schedule A/B: 17.2  | ·  | ☐ 100% of fair market value, up any applicable statutory limit |  |   |  |
|          | e you claiming a homestead exemption bject to adjustment on 4/01/22 and every  No  Yes. Did you acquire the property cover  No  Yes | 3 years after that for ca  | ises fi  |  | ,   |  |

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| Fill in this infor        | mation to identify your  | case:            |             |   |  |
|---------------------------|--------------------------|------------------|-------------|---|--|
| Debtor 1                  | Alexander Louis          | Bednar           |             |   |  |
|                           | First Name               | Middle Name      | Last Name   |   |  |
| Debtor 2                  |                          |                  |             |   |  |
| (Spouse if, filing)       | First Name               | Middle Name      | Last Name   | _ |  |
| United States Ba          | ankruptcy Court for the: | WESTERN DISTRICT | OF OKLAHOMA |   |  |
| Case number<br>(if known) |                          | <u></u> ·        |             |   | <br>Check if this is an amended filing |

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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| Fill in this information to identify your case:  |   |                         |                        |                       |
|--|---|-------------------------|------------------------|-----------------------|
|  | <u> </u>  |                         |                        |                       |
| Debtor 1 Alexander Louis Bednar First Name Midd  | lle Name Last Name  | <del></del>             | •                      | •                     |
| Debtor 2   |   | •                       |                        |                       |
|  | lle Name Last Name  |                         |                        |                       |
| United States Bankruptcy Court for the: WESTE  | RN DISTRICT OF OKLAHOMA   |                         |                        |                       |
| Caso sumbor  |   | •                       |                        |                       |
| Case number(if known)  |   |                         | ☐ Check if             | this is an            |
| •  |   |                         | amende                 | d filing              |
| Official Form 106E/F   |   |                         |                        |                       |
|  | ve Unecoured Claims   |                         |                        | 12/15                 |
| Schedule E/F: Creditors Who Ha   |   |                         |                        |                       |
| Part 1: List All of Your PRIORITY Unsecured (  1. Do any creditors have priority unsecured claims ag  No. Go to Part 2.  Yes.  |   | <u> </u>                |                        |                       |
| <ol> <li>List all of your priority unsecured claims. If a credit<br/>identify what type of claim it is. If a claim has both prior<br/>possible, list the claims in alphabetical order according</li> </ol> | ity and nonpriority amounts, list that claim here a<br>to the creditor's name. If you have more than tw                                 | nd show both priority a | nd nonpriority amounts | . As much as          |
| Part 1. If more than one creditor holds a particular claim   | Largae CERSAL   |                         |                        |                       |
| (For an explanation of each type of claim, see the instr   | uctions for this form in the instruction booklet.)  | Total claim             |                        | Nonpriority<br>amount |
| 2.1 Internal Revenue Service   | Last 4 digits of account number   | \$32,000.00             | \$32,000.00            | \$0.00                |
| Priority Creditor's Name   |   |                         |                        |                       |
| Special Procedures Staff   | When was the debt incurred?   |                         |                        |                       |
| 55 North Robinson, STOP 5024<br>Oklahoma City, OK 73102  |   |                         |                        |                       |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check a  | II that apply           |                        |                       |
| Who incurred the debt? Check one.  |   |                         |                        |                       |
|  | ☐ Contingent  |                         |                        |                       |
| Debtor 1 only  | ☐ Contingent ☐ Unliquidated   |                         |                        |                       |
| Debtor 1 only  | ☐ Unliquidated  |                         |                        |                       |
| ■ Debtor 1 only □ Debtor 2 only  | _   |                         |                        |                       |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only   | ☐ Unliquidated ☐ Disputed   |                         |                        |                       |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another   | ☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations   | government              |                        |                       |
| ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  | ☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations ■ Taxes and certain other debts you owe the | •                       | ·                      |                       |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another   | ☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured claim: ☐ Domestic support obligations   | •                       |                        |                       |

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| Deptor 1 Alexander Louis Bednar                            |  | Case Hui                     | IIDO (RINIOWII)    |             |             |
|--|--|------------------------------|--------------------|-------------|-------------|
| 2.2 Jill Bednar Priority Creditor's Name                   | Last 4 digits of account number        | Propert<br>y<br>Divisio<br>n | \$140,000.0<br>0   | \$90,000.00 | \$50,000.00 |
| 1708 Dorchester  | When was the debt incurred?            |                              | ·<br>              |             |             |
| Nichols Hills, OK 73120  Number Street City State Zip Code | As of the date you file, the claim     | is: Check all t              | that apply         |             |             |
| Who incurred the debt? Check one.                          | ☐ Contingent                           |                              |                    |             |             |
| Debtor 1 only  | ☐ Unliquidated                         |                              |                    |             |             |
| Debtor 2 only  | ■ Disputed                             |                              |                    |             |             |
| Debtor 1 and Debtor 2 only                                 | Type of PRIORITY unsecured cia         | ıim:                         |                    |             |             |
| ☐ At least one of the debtors and another                  | ☐ Domestic support obligations         |                              |                    |             |             |
| ☐ Check if this claim is for a community debt              | Taxes and certain other debts y        | iou auto tha ac              |                    |             | •           |
| Is the claim subject to offset?                            | ☐ Claims for death or personal in      | _                            |                    | •           |             |
| ■ No   | Other. Specify                         | ury willio you               | Word Intoxidated   |             |             |
| Yes  | Property D                             | ivision fro                  | m divorce          |             |             |
|  |  |                              | ents of \$1,500 pe | r month     |             |
| 2.3 Oklahoma County Treasurer Priority Creditor's Name     | Last 4 digits of account number        |                              | \$4,000.00         | \$4,000.00  | \$0.00      |
| 320 Robert S Kerr Room 307<br>Oklahoma City, OK 73102      | When was the debt incurred?            |                              |                    |             |             |
| Number Street City State Zip Code                          | As of the date you file, the claim     | is: Check all                | that apply         |             |             |
| Who incurred the debt? Check one.                          | ☐ Contingent                           |                              |                    |             |             |
| Debtor 1 only  | Unliquidated ·                         |                              |                    |             |             |
| ☐ Debtor 2 only  | ☐ Disputed                             | 4                            |                    |             |             |
| Debtor 1 and Debtor 2 only                                 | Type of PRIORITY unsecured cla         | aim:                         |                    |             |             |
| ☐ At least one of the debtors and another                  | ☐ Domestic support obligations         |                              |                    |             |             |
| ☐ Check if this claim is for a community debt              | Taxes and certain other debts          | you owe the go               | overnment          |             |             |
| is the claim subject to offset?                            | Claims for death or personal in        | jury while you               | were intoxicated   |             |             |
| ■ No   | Other. Specify                         |                              |                    |             |             |
| ☐ Yes  | Property t                             | axes on G                    | arden Place prop   | erty        |             |
| 2.4 OTC Priority Creditor's Name                           | Last 4 digits of account number        |                              | \$3,500.00         | \$3,500.00  | \$0.00      |
| 3700 N Classen Blvd. # 200<br>Oklahoma City, OK 73118      | When was the debt incurred?            | -                            |                    |             |             |
| Number Street City State Zip Code                          | As of the date you file, the claim     | is: Check all                | that apply         |             |             |
| Who incurred the debt? Check one.                          | ☐ Contingent                           |                              |                    |             |             |
| Debtor 1 only  | ☐ Unliquidated                         |                              |                    |             |             |
| ☐ Debtor 2 only  | ■ Disputed                             |                              |                    |             |             |
| Debtor 1 and Debtor 2 only                                 | Type of PRIORITY unsecured cla         | aim:                         |                    | •           |             |
| ☐ At least one of the debtors and another                  | ☐ Domestic support obligations         |                              | •                  |             |             |
| ☐ Check if this claim is for a community debt              | Taxes and certain other debts          | vou owe the a                | overnment          |             |             |
| Is the claim subject to offset?                            | ☐ Claims for death or personal in      | -                            |                    | •           | •           |
| No   | Other. Specify                         |                              |                    |             | _           |
| Yes  | withholdir                             | ng taxes                     |                    |             |             |
|  |  |                              |                    |             |             |
| Part 2: List All of Your NONPRIORITY Unsec                 | ured Claims                            |                              | ·                  |             |             |
| 3. Do any creditors have nonpriority unsecured clair       | ns against you?                        |                              |                    |             |             |
| ☐ No. You have nothing to report in this part. Submit      | this form to the court with your other | schedules.                   |                    | •           |             |
| Yes.   | •                                      |                              |                    |             |             |

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| Depto         | Alexander Louis Bednar  | Case number (irknown)   | <u> </u>   |
|---------------|---|---|--|
| un:<br>the    | secured claim, list the creditor separately for each cla            | alphabetical order of the creditor who holds each claim. If a creditor has more tha<br>aim. For each claim listed, identify what type of claim it is. Do not list claims already inc<br>creditors in Part 3,If you have more than three nonpriority unsecured claims fill out the | Juded in Part 1, If more<br>Continuation Page of |
|               | ·   |   | Total claim                                      |
| 4.1           | Alberta Rose Jones Nonpriority Creditor's Name                      | Last 4 digits of account number   | \$7,000.00                                       |
|               | PO Box 2175<br>Stillwater, OK 74076                                 | When was the debt incurred?   | ·<br>-   |
|               | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |  |
|               | Debtor 1 only   | ☐ Contingent  |  |
|               |   | □ Unliquidated  |  |
|               | Debtor 2 only   | <u> </u>  | •  |
|               | Debtor 1 and Debtor 2 only  | Disputed  |  |
|               | At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |  |
|               | Check if this claim is for a community debt                         | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not   | ·  |
|               | Is the claim subject to offset?                                     | report as priority claims   |  |
|               | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |  |
|               | Yes   | Other. Specify legal fee  | -  |
| 4.2           | Alliance Legal Solution Nonpriority Creditor's Name                 | Last 4 digits of account number   | \$50,000.00                                      |
|               | 501 S Sharon Amity Rd. Suite 305<br>Charlotte, NC 28211             | When was the debt incurred?   |  |
|               | Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply   |  |
|               | Who incurred the debt? Check one.                                   |   |  |
|               | Debtor 1 only   | ☐ Contingent  |  |
|               | Debtor 2 only   | ☐ Unliquidated  |  |
|               | Debtor 1 and Debtor 2 only  | Disputed  | · ·  |
|               | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |  |
| ,             | ☐ Check if this claim is for a community                            | ☐ Student loans   |  |
|               | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not   |  |
|               | Is the claim subject to offset?                                     | report as priority claims   | •  |
|               | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |  |
|               | Yes   | Other. Specify Judgement  | -  |
| $\overline{}$ |   |   | <del></del>                                      |
| 4.3           | ATT   | Last 4 digits of account number   | \$750.00   |
|               | Nonpriority Creditor's Name P.O. Box 5001 Carol Stream, IL 60197    | When was the debt incurred?   | -  |
|               | Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply   | •  |
|               | Who incurred the debt? Check one.                                   |   |  |
|               | Debtor 1 only   | ☐ Contingent  |  |
|               | ☐ Debtor 2 only   | Unliquidated  |  |
|               | Debtor 1 and Debtor 2 only  | □ Disputed  |  |
|               | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |  |
|               | ☐ Check if this claim is for a community                            | ☐ Student loans   |  |
|               | debt Is the claim subject to offset?                                | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |  |
|               | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |  |
|               | ☐ Yes   | Other. Specify cable and internet   |  |
|               |   |   | <del>-</del>                                     |

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| Debtor 1 Alexander Louis Bednar |   | Case number (if known)  |             |  |  |
|---------------------------------|---|---|-------------|--|--|
| 4.4                             | Baer & Timberlake, P.C.   | Last 4 digits of account number   | \$20,000.00 |  |  |
|                                 | Nonpriority Creditor's Name 4200 Perimeter Center Dr. suite 100 Oklahoma City, OK 73112 | When was the debt incurred?   |             |  |  |
|                                 | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |             |  |  |
|                                 | Who incurred the debt? Check one.   |   | •           |  |  |
|                                 | Debtor 1 only   | ☐ Contingent  |             |  |  |
|                                 | ☐ Debtor 2 only   | ☐ Unliquidated  |             |  |  |
|                                 | ☐ Debtor 1 and Debtor 2 only  | Disputed  |             |  |  |
|                                 | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  | •           |  |  |
|                                 | ☐ Check if this claim is for a community  | ☐ Student loans   |             |  |  |
|                                 | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |
|                                 | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |
|                                 | ☐ Yes   | Other. Specify judgment   |             |  |  |
| 4.5                             | Ball Morse Lowe   | Last 4 digits of account number   | \$13,000.00 |  |  |
|                                 | Nonpriority Creditor's Name 321 S Berry   | When was the debt incurred?   |             |  |  |
|                                 | Norman, OK 73072  |   |             |  |  |
|                                 | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |             |  |  |
|                                 | Who incurred the debt? Check one.   |   |             |  |  |
|                                 | Debtor 1 only   | Contingent  |             |  |  |
|                                 | Debtor 2 only   | ☐ Unliquidated  |             |  |  |
|                                 | ☐ Debtor 1 and Debtor 2 only  | Disputed  |             |  |  |
|                                 | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  | •           |  |  |
|                                 | ☐ Check if this claim is for a community  | ☐ Student loans   |             |  |  |
|                                 | debt  | Obligations arising out of a separation agreement or divorce that you did not                             |             |  |  |
|                                 | Is the claim subject to offset?   | report as priority claims  □ Debts to pension or profit-sharing plans, and other similar debts            |             |  |  |
|                                 | ■ No  |   |             |  |  |
|                                 | Yes   | Other. Specify attorney fee   |             |  |  |
| 4.6                             | Chris Harper Nonpriority Creditor's Name  | Last 4 digits of account number   | \$7,500.00  |  |  |
|                                 | 825 E. 33rd<br>Edmond, OK 73013   | When was the debt incurred?   |             |  |  |
|                                 | Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim is: Check all that apply   | ·           |  |  |
|                                 | Debtor 1 only   | ☐ Contingent  |             |  |  |
|                                 | ☐ Debtor 2 only   | ☐ Unliquidated  |             |  |  |
|                                 | Debtor 1 and Debtor 2 only  | Disputed  |             |  |  |
|                                 | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |  |  |
|                                 | ☐ Check if this claim is for a community  | ☐ Student loans   |             |  |  |
|                                 | debt  | Obligations arising out of a separation agreement or divorce that you did not                             |             |  |  |
|                                 | Is the claim subject to offset?   | report as priority claims   |             |  |  |
|                                 | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |
|                                 | ☐ Yes   | Other, Specify attorney fees  | •           |  |  |
|                                 | 9   |   |             |  |  |

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| Debto | Alexander Louis Bednar   | Case number (if known)  | · · · · · · · · · · · · · · · · · · · |
|-------|--|---|---------------------------------------|
| 4.7   | Christ the King School   | Last 4 digits of account number   | \$4,000.00                            |
|       | Nonpriority Creditor's Name<br>1905 Elmhurst Ave<br>Nicholas Hills, OK 73120       | When was the debt incurred?   |                                       |
|       | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   | •                                     |
|       | Who incurred the debt? Check one.  |   |                                       |
|       | ■ Debtor 1 only  | ☐ Contingent  |                                       |
|       | Debtor 2 only  | ☐ Unliquidated  |                                       |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                       |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                                       |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |                                       |
|       | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                       |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |                                       |
|       | Yes  | ■ Other Specify school tuition  |                                       |
| 4.8   | City Of Oklahoma City Nonpriority Creditor's Name                                  | Last 4 digits of account number   | \$200.00                              |
|       | 420 W. Main Suite 200  | When was the debt incurred?   |                                       |
|       | Oklahoma City, OK 73102  |   |                                       |
|       | Number Street City State Zip Code Who incurred the debt? Check one.                | As of the date you file, the claim is: Check all that apply   |                                       |
|       | <u> </u>   |   | •                                     |
|       | Debtor 1 only  | ☐ Contingent  |                                       |
|       | Debtor 2 only  | ☐ Unliquidated  |                                       |
|       | Debtor 1 and Debtor 2 only   | LI Disputed  Type of NONPRIORITY unsecured claim:   |                                       |
|       | At least one of the debtors and another  | Student loans   | •                                     |
|       | ☐ Check if this claim is for a community debt                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |                                       |
|       | Is the claim subject to offset?  | report as priority claims   |                                       |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                                       |
|       | Yes  | Other. Specify Utilities  |                                       |
| 4.9   | Dr. Ron Sutor MD   | Last 4 digits of account number   | \$5,000.00                            |
| 1.0   | Nonpriority Creditor's Name  |   | \$0,000.00                            |
|       | 3433 NW 56th #660  | When was the debt incurred?   | •                                     |
|       | Oklahoma City, OK 73112  Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply   |                                       |
|       | Who incurred the debt? Check one.  | As of the date you me, the stain is officed an affect apply   |                                       |
|       | Debtor 1 only  | ☐ Contingent  |                                       |
|       | Debtor 2 only  | ☐ Unliquidated  |                                       |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                       |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                                       |
|       | ☐ At least one or the deptors and another ☐ Check if this claim is for a community | ☐ Student loans   |                                       |
|       | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |                                       |
|       | Is the claim subject to offset?  | report as priority claims   |                                       |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |                                       |
|       | ☐ Yes  | Other. Specify medical expenses   |                                       |
|       | •  |   |                                       |

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| Debtor 1 Alexander Louis Bednar |   |   |  |              |
|---------------------------------|---|---|--|--------------|
| 4.1<br>0                        | ECMC Group  | Last 4 digits of account number           | 0001   | \$168,155.00 |
|                                 | Nonpriority Creditor's Name 111 Washington Ave South Suite 1400                               | When was the debt incurred?               | Opened 5/07/15                               |              |
|                                 | Minneapolis, MN 55401<br>Number Street City State Zip Code                                    | As of the date you file, the claim i      | s: Check all that apply                      |              |
|                                 | Who incurred the debt? Check one.   | <b>m</b>                                  | •  | •            |
|                                 | ■ Debtor 1 only   | Contingent                                | •  |              |
|                                 | Debtor 2 only   | ☐ Unliquidated                            |  |              |
|                                 | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured | t claim:                                     |              |
|                                 | At least one of the debtors and another   | Student loans                             |  |              |
|                                 | ☐ Check if this claim is for a community debt   | Obligations arising out of a sepa         | ration agreement or divorce that you did not |              |
|                                 | Is the claim subject to offset?   | report as priority claims                 |  | •            |
|                                 | No  | ☐ Debts to pension or profit-sharing      | g plans, and other similar debts             |              |
|                                 | ☐ Yes   | Other. Specify                            |  |              |
| $\overline{}$                   |   | Educationa                                |  |              |
| 4.1                             | Franklin American Mortgage Nonpriority Creditor's Name  | Last 4 digits of account number           |  | \$18,200.00  |
| •                               | c/o Baer & Timberlake<br>420 Perimeter Center Dr. Suite 100                                   | When was the debt incurred?               | <u> </u>                                     |              |
|                                 | Oklahoma City, OK 73112  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i      | s: Check all that apply                      |              |
|                                 | <u> </u>  | ☐ Contingent                              |  |              |
|                                 | Debtor 1 only   | ☐ Unliquidated                            |  | •            |
|                                 | Debtor 2 only   | _   |  |              |
|                                 | Debtor 1 and Debtor 2 only  | ■ Disputed  Type of NONPRIORITY unsecured | l claim:                                     |              |
|                                 | At least one of the debtors and another   | ☐ Student loans                           | · Olamii.                                    |              |
|                                 | ☐ Check if this claim is for a community debt Is the claim subject to offset?                 |   | ration agreement or divorce that you did not |              |
|                                 | No  | Debts to pension or profit-sharing        |  |              |
|                                 | ☐ Yes   | Other Specify judgment                    |  |              |
|                                 | <del></del>   |   |  |              |
| 4.1<br>2                        | Integris Baptist Medical Center   | Last 4 digits of account number           |  | \$3,300.00   |
|                                 | Nonpriority Creditor's Name<br>3300 NW Expressway<br>Oklahoma City, OK 73112                  | When was the debt incurred?               |  |              |
|                                 | Number Street City State Zip Code  Who incurred the debt? Check one.                          | As of the date you file, the claim is     | s: Check all that apply                      |              |
|                                 | ■ Debtor 1 only   | ☐ Contingent                              | •  |              |
|                                 | Debtor 2 only   | ☐ Unliquidated                            |  |              |
|                                 | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed                                | · 6  |              |
|                                 | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured             | l claim:                                     |              |
|                                 | ☐ Check if this claim is for a community  | ☐ Student loans                           | ·  |              |
|                                 | debt Is the claim subject to offset?  | report as priority claims                 | ration agreement or divorce that you did not |              |
|                                 | ■ No  | Debts to pension or profit-sharing        | g plans, and other similar debts             |              |
|                                 | Yes   | Other. Specify medical ser                | vices  |              |

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| Debtor  | 1 Alexander Louis Bednar  | Case number (if known)  | · .         |
|---------|---|---|-------------|
| 4.1     | Jennifer Byler c/o Rod Heggy  | Last 4 digits of account number   | \$26,313.00 |
|         | Nonpriority Creditor's Name Oklahoma County DA 320 Robert S Kerr Rm 505                       | When was the debt incurred?   |             |
|         | Oklahoma City, OK 73102  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
|         | Debtor 1 only   | □ Contingent  |             |
|         | Debtor 2 only   | ☐ Unliquidated  |             |
|         | ☐ Debtor 1 and Debtor 2 only  | ■ Disputed  | •           |
|         | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|         | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
| •       | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         | •           |
|         | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |             |
|         | Yes   | Other. Specify 2 judgment   |             |
| 4.1     | Joe Farris  | Last 4 digits of account number   | \$7,500.00  |
|         | Nonpriority Creditor's Name 2 W. 2nd Street Suite 900   | When was the debt incurred? 2018  |             |
|         | Tulsa, OK 74103  Number Street City State Zip Code  Who incurred the debt? Check one.         | As of the date you file, the claim is: Check all that apply   |             |
|         | Debtor 1 only   | ☐ Contingent  |             |
|         | ☐ Debtor 2 only   | ☐ Uniliquidated   |             |
|         | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
| 1       | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|         | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|         | debt<br>Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Yes   | Other. Specify attorney fee   |             |
| 4.1     | OESC  | Last 4 digits of account number   | Unknown     |
| <u></u> | Nonpriority Creditor's Name   | <del></del>   | ;           |
|         | PO Box 52003 Oklahoma City, OK 73152 Number Street City State Zip Code                        | When was the debt incurred?   |             |
|         | Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |             |
|         | Debtor 1 only   | ☐ Contingent  |             |
|         | Debtor 2 only   | ☐ Unliquidated  |             |
|         | Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|         | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|         | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|         | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           | ,           |
|         | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       | •           |
|         | Yes   | Other Specify taxes   |             |

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| Debtor 1 | Alexander Louis Bednar                                     | Case number (if known)  | ·           |
|----------|--|---|-------------|
| 4.1      |  |   | ¢500.00     |
| 6   '    | OG&E   | Last 4 digits of account number   | \$500.00    |
|          | Nonpriority Creditor's Name PO Box 24990                   | When was the debt incurred?   |             |
|          | Oklahoma City, OK 73124                                    |   |             |
| -        | Number Street City State Zip Code                          | As of the date you file, the claim is: Check all that apply   | •           |
|          | Who incurred the debt? Check one.                          |   |             |
|          | Debtor 1 only  | ☐ Contingent  |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |             |
|          | ☐ Debtor 1 and Debtor 2 only                               | ☐ Disputed  |             |
|          |  | Type of NONPRIORITY unsecured claim:  |             |
|          | At least one of the debtors and another                    | ☐ Student loans   |             |
|          | ☐ Check if this claim is for a community debt              | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |             |
|          | Is the claim subject to offset?                            | report as priority claims   |             |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |             |
|          | ☐ Yes  | Other Specify electric bill   |             |
|          |  | ·   |             |
| 4.1<br>7 | Oklahoma Bar Association                                   | Last 4 digits of account number   | \$28,000.00 |
|          | Nonpriority Creditor's Name                                |   |             |
|          | 1901 N Lincoln Blvd.                                       | When was the debt incurred? 2019  |             |
|          | Oklahoma City, OK 73105  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply   |             |
|          | Who incurred the debt? Check one.                          | ,   |             |
|          | ■ Debtor 1 only  | ☐ Contingent  | •           |
|          | Debtor 2 only  | ☐ Unliquidated  |             |
|          | _  | ■ Disputed  | •           |
|          | Debtor 1 and Debtor 2 only                                 | Type of NONPRIORITY unsecured claim:  |             |
|          | At least one of the debtors and another                    | Student loans   |             |
|          | ☐ Check if this claim is for a community debt              |   |             |
|          | ls the claim subject to offset?                            | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
|          | _  | - 105   |             |
|          | ☐ Yes  | ■ Other Specify Cost & Fees   |             |
| 4.1      | 0111   |   | Unknown     |
| 8        | Oklahoma County DA  Nonpriority Creditor's Name            | Last 4 digits of account number   | Ulkilowii   |
|          | 320 Robert S Kerr  | When was the debt incurred?   |             |
|          | fifth floor  |   |             |
|          | Oklahoma City, OK 73102                                    | _   |             |
|          | Number Street City State Zip Code                          | As of the date you file, the claim is: Check all that apply   |             |
|          | Who incurred the debt? Check one.                          |   |             |
|          | Debtor 1 only  | ☐ Contingent  |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |             |
|          | ☐ Debtor 1 and Debtor 2 only                               | ☐ Disputed  |             |
|          | ☐ At least one of the debtors and another                  | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community                   | ☐ Student loans   |             |
|          | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           | •           |
|          | Is the claim subject to offset?                            | report as priority claims   |             |
|          |  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | ■ No   | Debts to pension of professioning plans, and other similar debts  |             |

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| Debtor   | 1 Alexander Louis Bednar   | Case number (if known)  |            |
|----------|--|---|------------|
| 4.1<br>9 | Oklahoma County Tax Assessor   | Last 4 digits of account number   | \$4,000.00 |
|          | Nonpriority Creditor's Name<br>320 Robert S Kerr Room 315<br>Oklahoma City, OK 73102 | When was the debt incurred?   |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                 | As of the date you file, the claim is: Check all that apply   |            |
| •        | Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  | •          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | _ NO .   | property taxes 3514 Garden Place OKC  |            |
|          | Yes  | Other. Specify 73112  |            |
| 4.2      |  |   |            |
| 0        | Oklahoma Labor Department  | Last 4 digits of account number   | Unknown    |
|          | Nonpriority Creditor's Name<br>3017 N Stiles Ave # 100<br>Oklahoma City, OK 73105    | When was the debt incurred?   |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                  | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | •          |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes  | ■ Other. Specify employment tax   |            |
|          | <u> </u>   |   |            |
| 4.2      | ONG  | Last 4 digits of account number   | \$300.00   |
|          | Nonpriority Creditor's Name PO Box 401   | When was the debt incurred?   |            |
|          | Oklahoma City, OK 73101-0401   |   |            |
|          | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.  |   | •          |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
| •        | ☐ Debtor 1 and Debtor 2 only   | Disputed  |            |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | Check if this claim is for a community   | ☐ Student loans   |            |
| ,        | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts                              |            |
|          | ☐ Yes  | Other. Specify utitity services   |            |

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| Debto | 1 Alexander Louis Bednar  | Case number (if known)  |             |
|-------|---|---|-------------|
| 4.2   | Performance Food Group, Inc   | Last 4 digits of account number 1885  | \$22,770.09 |
|       | Nonpriority Creditor's Name c/o Bill Malone Jr. 8650 Spicewood Springs                        | When was the debt incurred?   | Ψ22,110.03  |
|       | Austin, TX 78759  Number Street City State Zip Code  Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply   |             |
|       | Debtor 1 only   | ☐ Contingent  |             |
|       | Debtor 2 only   | ☐ Unliquidated  |             |
|       | Debtor 1 and Debtor 2 only  | Disputed  | ,           |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  | (           |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | . •         |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| •     | Yes   | ■ Other. Specify Judgment on Falcone's Bistrol LLC  |             |
| 4.2   | Radiology Associates LLC  | Last 4 digits of account number 5804  | \$330.00    |
|       | Nonpriority Creditor's Name<br>3330 NW 56th St<br>Suite 206                                   | When was the debt incurred?   |             |
|       | Oklahoma City, OK 73112  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   | •           |
|       | Debtor 1 only   | ☐ Contingent  |             |
|       | Debtor 2 only   | ☐ Unliquidated  | •           |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   | •           |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|       | Yes   | Other. Specify medical services   |             |
| 4.2   | SSM Health  | Last 4 digits of account number   | \$200.00    |
| است   | Nonpriority Creditor's Name PO Box 28205  | When was the debt incurred?   |             |
|       | Saint Louis, MO 63132  Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |             |
|       | Debtor 1 only   | ☐ Contingent  |             |
|       | Debtor 2 only   | ☐ Unliquidated  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|       | debt<br>Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |             |
|       | ☐ Yes   | ■ Other. Specify medical services   |             |

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| Deptor | 1 Alexander Louis Bednar   | Case number (if known)  | ·           |
|--------|--|---|-------------|
| 4.2    |  |   | ,           |
| 5      | St. Anthony Hospital  Nonpriority Creditor's Name                                    | Last 4 digits of account number   | \$100.00    |
|        | 1000 North Lee Street Oklahoma City, OK 73101-0205                                   | When was the debt incurred?   |             |
| -      | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   | •           |
|        | Who incurred the debt? Check one.  | • *   |             |
|        | Debtor 1 only  | ☐ Contingent  | :           |
|        | Debtor 2 only  | ☐ Unliquidated  |             |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   | •           |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |             |
|        | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts              |             |
|        | ■ No   | ,   |             |
|        | ☐ Yes  | Other. Specify medical services   |             |
| 4.2    |  |   |             |
| 6      | Steve Meador & Associates  | Last 4 digits of account number   | \$1,480.50  |
|        | Nonpriority Creditor's Name<br>111 Harrison Ave Suite 101<br>Oklahoma City, OK 73103 | When was the debt incurred?   |             |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |             |
|        | Who incurred the debt? Check one.  |   |             |
|        | Debtor 1 only  | ☐ Contingent  |             |
|        | Debtor 2 only  | ☐ Unliquidated  |             |
|        | Debtor 1 and Debtor 2 only   | Disputed  |             |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  | 4           |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |             |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       | •           |
|        | Yes  | ■ Other Specify court reporter  |             |
|        |  | Other: Specify  |             |
| 4.2    |  | ·   |             |
| 7      | Tom Fisher Nonpriority Creditor's Name   | Last 4 digits of account number   | \$16,500.00 |
|        | Legacy Drug Paul's Valley 111 W. Grant Ave.  | When was the debt incurred?   |             |
|        | Pauls Valley, OK 73075  Number Street City State Zip Code                            | As of the date you file, the claim is: Check all that apply   |             |
|        | Who incurred the debt? Check one.  |   |             |
|        | Debtor 1 only  | ☐ Contingent  |             |
|        | Debtor 2 only  | ☐ Unliquidated  |             |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
| •      | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |
|        | Check if this claim is for a community   | ☐ Student loans   |             |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
|        | Yes  | Other. Specify personal loan  |             |

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| Debtor 1            | Alexande  | er Louis Bednar   |   | Case n                  | umber (if known)  |                           |
|---------------------|---|---|---|-------------------------|---|---------------------------|
| <del>-</del>        |   | University  | Last 4 digits of account number   |                         |   | \$6,000.00                |
|                     | lonpriority Cre<br>2201 W End                   |   | When was the debt incurred?   | 1992                    | 2   |                           |
|                     | <b>Vashville,</b><br>Number Street              | TN 37235<br>City State Zip Code                               | As of the date you file, the claim  | is: Chec                | k all that apply  |                           |
| V                   | Who incurred                                    | the debt? Check one.  |   |                         |   |                           |
| I                   | Debtor 1 on                                     | nly   | ☐ Contingent  |                         |   |                           |
| [                   | Debtor 2 on                                     | nly   | ☐ Unliquidated  |                         | e.  |                           |
| . [                 | Debtor 1 an                                     | nd Debtor 2 only  | ☐ Disputed  |                         |   |                           |
| Ī                   | At least one                                    | of the debtors and another                                    | Type of NONPRIORITY unsecure  | ed claim:               | . *   |                           |
| [                   | Check if th                                     | is claim is for a community                                   | ☐ Student loans   |                         |   | :                         |
|                     | lebt<br>s the claim su                          | ubject to offset?   | ☐ Obligations arising out of a sep report as priority claims  | aration a               | greement or divorce that you did not  | •                         |
| 1                   | ■ No  |   | Debts to pension or profit-shari  | ing plans               | and other similar debts   |                           |
| [                   | ☐ Yes   |   | Other. Specify non-educa  | tional                  | Debt  | _                         |
| Part 3:             | I ist Other                                     | rs to Be Notified About a D                                   | ebt That You Already Listed   |                         |   |                           |
| is trying<br>have m | to collect fro<br>ore than one<br>for any debts | om you for a debt you owe to a                                | I about your bankruptcy, for a debt that<br>someone else, list the original creditor i<br>hat you listed in Parts 1 or 2, list the add<br>t or submit this page.  On which entry in Part 1 or Part 2 did yo | n Parts 1<br>litional c | l or 2, then list the collection agenc<br>reditors here. If you do not have ad  | y here. Similarly, if you |
| Rick Wa             |   |   |   |                         | Creditors with Priority Unsecured Cla   | ime .                     |
|                     |   | unty Court Clerk  |   | _                       | Creditors with Nonpriority Unsecured  |                           |
|                     | bert S Kerı                                     |   | _   | — rait 2.               | Creditors with Northholity Offsecured   | Ciduiis                   |
| Oklaho              | ma City, O                                      | K 73102   |   |                         |   |                           |
|                     |   |   | Last 4 digits of account number   |                         |   |                           |
| Part 4:             | Add the A                                       | mounts for Each Type of l                                     | Jnsecured Claim   |                         |   | •                         |
|                     |   | f certain types of unsecured cl                               | laims. This information is for statistical  | reporting               | g purposes only. 28 U.S.C. §159. Ad   | d the amounts for each    |
|                     |   |   |   |                         | Total Claim   |                           |
|                     | 6a.   | Domestic support obligatio                                    | ns .  | 6a.                     | \$0.00  |                           |
| To<br>clai          | otal:   |   |   |                         | ·   | _                         |
| from Pa             | 1   | Taxes and certain other del                                   | ots you owe the government  | 6b.                     | \$ 179.500.00   | •                         |
|                     | 6c.   | Claims for death or persona                                   | al injury while you were intoxicated  | 6c.                     | \$ 0.00   | _                         |
|                     | 6d.   | Other. Add all other priority u                               | nsecured claims. Write that amount here.  | 6d.                     | \$ 0.00   |                           |
|                     | 6e.   | Total Priority. Add lines 6a th                               | hrough 6d.  | 6e.                     | \$ 179,500.00   | <u> </u>                  |
|                     |   |   | •   |                         | lucio de la companya | •                         |
|                     | 6f.   | Student loans   |   | 6f.                     | * Total Claim<br>\$ 168,155.00  | <u></u>                   |
| clai                | ms  | <b>8</b> 1 <b>1 1 1</b>                                       |   |                         |   |                           |
| from Pa             | r <b>t 2</b> 6g.                                | Obligations arising out of a<br>you did not report as priorit | separation agreement or divorce that tv claims  | 6g.                     | \$ 0.00   |                           |
|                     | 6h.   |   | sharing plans, and other similar debts  | 6h.                     | \$ 0.00   | <u>.</u>                  |
| i A<br>Fragil       | 6i.   | Other. Add all other nonpriori here.                          | ity unsecured claims. Write that amount   | 6i.                     | \$ 242,943.59   |                           |
|                     | 6j.   | Total Nonpriority. Add lines                                  | 6f through 6i.  | 6j.                     | \$ 411,098.59   |                           |

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| Debtor 1            | Alamandania                                       | Dodros                   |                      |  |                    |                            |
|---------------------|---|--------------------------|----------------------|--|--------------------|----------------------------|
| Deptor 1            | Alexander Louis                                   | Bednar<br>Middle Nam     | е                    | Last Name                              | —                  |                            |
| Debtor 2            |   |                          | -                    |  |                    |                            |
| (Spouse if, filing) | First Name  | Middle Nam               | e                    | Last Name                              |                    |                            |
| United States B     | Bankruptcy Court for the:                         | WESTERN DI               | STRICT OF OKLA       | AHOMA .                                | '                  |                            |
| Case number         |   |                          |                      |  |                    |                            |
| (if known)          |   |                          |                      |  |                    | ☐ Check if this is an      |
|                     | •   |                          |                      |  |                    | amended filing             |
| Official F          | orm 106G  |                          |                      |  |                    |                            |
|                     |   | rv Contrac               | ets and U            | nexpired Leases                        |                    | 12 <i>/</i> 15             |
|                     |   | <u> </u>                 |                      | ng together, both are equally r        | responsible for    |                            |
| nformation. If I    | more space is needed,                             | copy the addition        | nal page, fill it ou | t, number the entries, and atta        |                    |                            |
| additional page     | es, write your name and                           | d case number (if        | known).              |  |                    |                            |
| 1. Do you ha        | ve any executory contr                            | acts or unexpire         | d leases?            |  |                    |                            |
|                     |   |                          |                      | chedules. You have nothing else        |                    |                            |
| ☐ Yes. Fill         | I in all of the information I                     | below even if the o      | contacts of leases   | are listed on Schedule A/B:Prop        | perty (Official Fo | orm 106 A/B).              |
| 2. List separa      | ately each person or co                           | mpany with who           | m you have the       | contract or lease. Then state v        | what each cont     | tract or lease is for (for |
| example, r          | rent, vehicle lease, cell                         | <b>phone).</b> See the i | nstructions for this | form in the instruction booklet f      | for more examp     | les of executory contracts |
| and unexpi          | red leases.                                       |                          |                      |  |                    |                            |
|                     |   |                          |                      | ### ################################## |                    |                            |
| Person o            | r company with whom y<br>Name, Number, Street, Ci | you have the con         | tract or lease       | State what the contract or             | lease is for       |                            |
| 2.1                 | Mante, Number, Street, Cr                         | ity, State and ZIP Code  | TI. PRESIDE PA.      |  |                    |                            |
| Name                |   |                          |                      | <del></del>                            |                    |                            |
| ١                   |   |                          | •                    |  |                    |                            |
| Number              | Street  |                          |                      | <del></del>                            |                    | •                          |
| City                |   | State                    | ZIP Code             | <del>_</del>                           |                    |                            |
| 2.2                 |   | Olate                    | Zii Oode             |  |                    |                            |
| Name                | ,   |                          |                      | <del></del>                            |                    |                            |
|                     |   |                          |                      |  |                    |                            |
| Number              | Street  |                          | •                    | <del></del>                            |                    |                            |
| City                | · · ·   | State                    | ZIP Code             | <del></del> -                          |                    | •                          |
| 2.3                 |   | - <del></del>            |                      |  |                    |                            |
| Name                |   |                          |                      |  |                    |                            |
| <del></del>         |   |                          |                      |  |                    |                            |
| Number              | Street  |                          |                      |  |                    |                            |
| City                |   | State                    | ZIP Code             |  |                    |                            |
| 2.4                 |   |                          |                      | <u> </u>                               |                    |                            |
| Name                |   |                          |                      | •                                      | •                  | •                          |
| Number              | Chanak  |                          |                      | ·                                      |                    |                            |
| Number              | Street  |                          |                      | ,                                      |                    |                            |
| City                |   | State                    | ZIP Code             |  | ·····              |                            |
| 2.5                 |   |                          |                      |  | ,                  |                            |
| Name                |   |                          |                      |  |                    |                            |
| Number              | Ctroot  |                          |                      | ·- <del>-</del>                        |                    |                            |
| Number              | Street  | ,                        |                      | 9                                      |                    | •                          |
|                     |   |                          |                      |  |                    |                            |

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| Fill in this inform  | nation to identity your  | case:  |                            |   |  |
|--|--|--|----------------------------|---|--|
| Debtor 1   | Alexander Louis  | Bednar   |                            |   |  |
| ı  | First Name   | Middle Name  | Last Name                  |   |  |
| Debtor 2<br>(Spouse if, filing)                                  | First Name   | Middle Name  | Last Name                  |   | ,  |
|  | nkruptcy Court for the:  | WESTERN DISTRICT   | OF OKLAHOMA                |   |  |
| ۱  |  |  |                            |   |  |
| Case number<br>(if known)  | · .  | ·  |                            |   | ☐ Check if this is an amended filing   |
| Official Fo  | rm 106H  |  |                            |   |  |
|  | H: Your Cod  | ebtors   |                            |   | 12/15  |
| ■ No □ Yes  2. Within the Arizona, Cali ■ No. Go to □ Yes. Did y | e last 8 years, have you<br>fornia, Idaho, Louisiana,<br>line 3.<br>rour spouse, former spou | ı lived in a community p<br>Nevada, New Mexico, Pu<br>use, or legal equivalent liv | uerto Rico, Texas, Washing | (Community property<br>ton, and Wisconsin.)               | states and territories include   |
| in line 2 aga<br>Form 106D)<br>out Column                        | in as a codebtor only i<br>, Schedule E/F (Official<br>2.                                    | f that person is a guarar<br>Form 106E/F), or Sched                                | ntor or cosigner. Make sui | e you have listed the<br>). Use Schedule D, S             | with you. List the person shown<br>e creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill<br>litor to whom you owe the debt  |
|  |  | •  |                            |   | mar apply:   |
| 24   |  |  | •                          | O contrador Dates   | and the form of the standing o |
| 3.1 Name   |  |  |                            | ☐ Schedule D, line  | - managari dan sanagari dan sanag  |
|  |  |  |                            | ☐ Schedule E/F, lir                                       | le   |
| Name .   | Street   |  |                            |   | le   |
|  | Street   | State  | ZIP Code                   | ☐ Schedule E/F, lir                                       | le   |
| Name Number City   | Street   | State  | ZIP Code                   | ☐ Schedule E/F, lir☐ Schedule G, line                     | le   |
| Name<br>Number   | Street   | State  | ZIP Code                   | ☐ Schedule E/F, lir                                       | Je   |
| Name Number City   | Street   | State  | ZIP Code                   | ☐ Schedule E/F, lir ☐ Schedule G, line ☐ Schedule D, line | ie   |

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| Fill                             | in this information to identify your ca   | ase:                                  |   |             |                              |                             |                              |                          |                 |
|----------------------------------|---|---------------------------------------|---|-------------|------------------------------|-----------------------------|------------------------------|--------------------------|-----------------|
|                                  | otor 1 Alexander L  |                                       |   |             |                              |                             |                              |                          |                 |
|                                  | otor 2  | · · · · · · · · · · · · · · · · · · · |   |             | _                            |                             |                              |                          |                 |
| Unit                             | ted States Bankruptcy Court for the   | : WESTERN DISTRICT                    | F OF OKLAHOMA                                       |             | _   .                        |                             |                              |                          |                 |
|                                  | se number<br>lown)  |                                       | -   |             |                              |                             | d filing<br>ent showing p    |                          | chapter ·       |
| $\bigcirc$                       | fficial Form 106I   | •                                     |   |             |                              |                             | as of the follo              | wing date:               |                 |
|                                  | chedule I: Your Inc   | omo                                   |   |             |                              | MM / DD/ Y                  | YYY                          |                          | 12/15           |
| sup <sub>l</sub><br>spoi<br>atta | is complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. | are married and not filing wi         | ng jointly, and your spo<br>ith you, do not include | ouse inform | s living with<br>nation abou | n you, inclu<br>It your spo | ude informa<br>ouse. If more | tion about<br>space is r | your<br>leeded, |
| Par                              |   |                                       |   | i e e e e   |                              |                             |                              |                          |                 |
| 1.                               | Fill in your employment information.  |                                       | Debtor 1  |             |                              | Debtor 2                    | or non-filin                 | g spouse                 |                 |
|                                  | If you have more than one job,<br>attach a separate page with<br>information about additional   | Employment status                     | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |             |                              | ☐ Emplo                     | · .                          |                          |                 |
|                                  | employers.  | Occupation                            | Consultant  |             |                              |                             |                              | •                        |                 |
|                                  | Include part-time, seasonal, or self-employed work.   | Employer's name                       | Bednar Consulting                                   | )           |                              |                             |                              |                          |                 |
|                                  | Occupation may include student or homemaker, if it applies.   | Employer's address                    |   |             |                              |                             |                              |                          | ٠٠.             |
|                                  |   | How long employed t                   | here? 10 yrs  |             | <u> </u>                     | -                           |                              |                          |                 |
| Par                              | t 2: Give Details About Mor   | nthly Income                          |   |             |                              |                             | <u> </u>                     |                          |                 |
| Esti<br>spou                     | mate monthly income as of the duse unless you are separated.  | ate you file this form. If            | you have nothing to repo                            | ort for a   | any line, writ               | e \$0 in the                | space. Inclu                 | de your nor              | -filing         |
|                                  | u or your non-filing spouse have mo<br>e space, attach a separate sheet to  |                                       | ombine the information fo                           | or all e    | mployers for                 | r that perso                | n on the line                | s below. If y            | ou need         |
|                                  |   |                                       |   |             | For De                       | btor 1                      | For Debto                    |                          |                 |
| 2.                               | List monthly gross wages, sala deductions). If not paid monthly,  |                                       |   | 2.          | \$6                          | 6,000.00                    | \$                           | N/A                      |                 |
| 3.                               | Estimate and list monthly overt   | ime pay.                              |   | 3.          | +\$                          | 0.00                        | +\$                          | N/A                      |                 |
| 4.                               | Calculate gross Income. Add lin   | ne 2 + line 3.                        |   | 4.          | \$6,0                        | 00.00                       | \$                           | N/A                      |                 |

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| Debto | or 1               | Alexander Louis Bednar  | -                | (                                       | Case        | number (if kr | iown)   |                   |                     |            |                  |
|-------|--------------------|---|------------------|---|-------------|---------------|---------|-------------------|---------------------|------------|------------------|
|       | 0                  |   |                  | *************************************** | For         | Debtor 1      |         | non               | Debtor<br>-filing s | pouse      |                  |
|       | Cop                | y line 4 here   | 4.               |   | ъ_          | 6,000         | 1.00    | \$_               |                     | N/A        | _                |
| 5.    | List               | all payroll deductions:   |                  |   |             |               |         | *                 |                     |            |                  |
|       | 5a.                | Tax, Medicare, and Social Security deductions   | 5a               | ۱.                                      | \$          | 1,200         | 00.6    | \$                |                     | N/A        |                  |
|       | 5b.                | Mandatory contributions for retirement plans  | 5b               | ).                                      | \$          |               | 00.0    | \$                |                     | N/A        | <u></u>          |
|       | 5c.                | Voluntary contributions for retirement plans  | 5c               |   | \$          |               | 0.00    | \$_               |                     | N/A        | _                |
|       | 5d.                | Required repayments of retirement fund loans  | 5d               |   | \$          |               | 0.00    | <b>\$</b> _       | •                   | N/A        |                  |
|       | 5e.                | Insurance   | 5e               |   | <u>\$</u> _ |               | 0.00    | \$_               |                     | N/A        | _                |
|       | 5f.                | Domestic support obligations<br>Union dues  | 5f.              |   | \$          |               | 0.00    | <b>\$</b> _       | _                   | N/A        | _                |
|       | 5g.<br>5h.         | Other deductions. Specify:  | 5g               | J.<br>1.+                               | \$<br>_     |               | 0.00    | + \$-             |                     | N/A<br>N/A | _                |
| _     |                    | · · · · · · · · · · · · · · · · · · ·   | _                |   | . —         |               |         | '. ¥_             |                     |            | _                |
| 6.    |                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.               |   | <u>*</u> _  | 1,200         |         | \$                | -                   | N/A        | -                |
| 7.    | Calc               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.               |   | \$          | 4,800         | 0.00    | \$                |                     | N/A        | <u>'</u>         |
| 8.    | List<br>8a.        | profession, or farm Attach a statement for each property and business showing gross   |                  |   |             |               |         |                   |                     |            | , v              |
| •     |                    | receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a               | ,                                       | \$          | •             | 0.00    | \$                |                     | N/A        |                  |
|       | 8b.                | Interest and dividends  | 8b               |   | <u>*</u> —  |               | 0.00    | \$-               |                     | N/A        | -                |
|       | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |                  |   | -           |               |         | -                 |                     |            | <u>-</u>         |
|       |                    | settlement, and property settlement.  | 8c               | <b>.</b>                                | \$          | C             | 0.00    | \$                |                     | N/A        |                  |
|       | 8d.                | Unemployment compensation   | 8d               | i.                                      | <b>\$</b> _ | Ċ             | 0.00    | . \$              |                     | N/A        | _                |
|       | 8e.                | Social Security   | 8e               | €.                                      | \$          | 0             | 0.00    | \$                | -                   | N/A        | -                |
|       | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income | e<br>8f.<br>8g   |   | \$          |               | 0.00    | \$_<br>\$         |                     | N/A        |                  |
|       | 8g.<br>8h.         | Other monthly income. Specify: art rental income  | -                | }.<br>1.+                               | <u>\$</u> _ |               | 0.00    | · · —             |                     | N/A<br>N/A | _                |
|       | OII.               | other monthly moonie. Specify. art rental moonie  | _ '''            | · ·                                     | <u> </u>    | 100           | 7.00    | `,                |                     | IN/A       | <u>-</u>         |
| 9.    | Ado                | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.               |   | \$          | 160           | 0.00    | \$_               | · · ·               | N/.        | <u>A</u>         |
| 10    | Cal                | culate monthly income. Add line 7 + line 9.   | 10.              | \$.                                     |             | 4,960.00      | + \$    |                   | N/A                 | = \$       | 4,960.00         |
|       |                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                  | Ť -                                     |             | 1,000.00      | *       |                   | 14,7,4              | -          | -1,000.00        |
| 11.   | othe<br>Do         | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:                                  | depe             |   |             |               |         |                   | Schedule<br>11.     |            | 0.00             |
| 12.   | Add<br>Writ<br>app | I the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certailies   | ult is<br>in Lia | the                                     | com         | nbined mor    | nthly i | ncome<br>a, if it | 12.                 | \$         | 4,960.00         |
| 13.   | Do :               | you expect an increase or decrease within the year after you file this form   | ?                |   |             |               |         |                   | -                   |            | ned<br>ly income |
|       | П                  | Yes, Explain:   |                  |   |             |               |         |                   |                     |            |                  |

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| Fill       | in this information to identify your case:  |   |   |                                       |  |
|------------|---|---|---|---------------------------------------|--|
| Deb        | tor 1 Alexander Louis Bednar  |   | Check   | if this is:                           | •  |
| Debtor 2   |   |   | ☐ An amended filing ☐ A supplement showing postpetition chapter |                                       |  |
| (Spo       | ouse, if filing)  |   | 1:  | 3 expenses as of t                    | he following date:                                 |
| Unit       | ed States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHO  | AMC   | N   | M / DD / YYYY                         | <del></del>  |
| l .        | e number  |   |   |                                       |  |
| O:         | fficial Form 106J   |   |   |                                       |  |
|            | chedule J: Your Expenses  |   |   |                                       | 12/15  |
| Be<br>info | as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this funder (if known). Answer every question.                      |   |   |                                       | r supplying correct                                |
| Par        |   |   |   |                                       |  |
| 1.         | Is this a joint case?   |   |   |                                       | ·  |
|            | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?   |   |   |                                       | •  |
|            | □ No  |   |   |                                       |  |
|            | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses to   | for Separate Housel                             | hold of Debto   | r 2.                                  |  |
| 2.         | Do you have dependents? □ No  |   |   |                                       |  |
|            | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | Dependent's relation                            |   | Dependent's<br>age                    | Does dependent live with you?                      |
|            | Do not state the  | •   |   |                                       | ■ No   |
|            | dependents names.   | Daughter  |   | 7                                     | ☐ Yes  |
|            |   |   |   |                                       | □ No   |
|            |   |   |   | <del></del>                           | ☐ Yes<br>☐ No                                      |
|            |   |   |   |                                       | ☐ Yes  |
|            |   |   |   |                                       | □ No   |
| •          |   |   |   |                                       | ☐ Yes  |
| 3.         | Do your expenses include expenses of people other than yourself and your dependents?   ■ No  Yes  |   |   |                                       |  |
|            | · · ·   |   |   |                                       |  |
| exp        | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a supplicable date. | ou are using this fo<br>emental <i>Schedule</i> | orm as a sup<br>J, check the                                    | plement in a Cha<br>box at the top of | pter 13 case to report<br>the form and fill in the |
| • •        |   | _   | parronno (1000)   |                                       |  |
| the        | lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Yoficial Form 106I.)   |   | i i a v   | Your expe                             |  |
| 4.         | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.   |   |   |                                       | 800.00   |
|            | If not included in line 4:  |   |   |                                       | *  |
|            | 4a. Real estate taxes   |   | 4a. \$  |                                       | 0.00   |
|            | 4b. Property, homeowner's, or renter's insurance  |   | 4а. э<br>4b. \$   |                                       | 0.00   |
|            | 4c. Home maintenance, repair, and upkeep expenses   |   | 4c. \$  |                                       | 0.00   |
|            | 4d. Homeowner's association or condominium dues   |   | 4d. \$  |                                       | 0.00   |
| 5.         | Additional mortgage payments for your residence, such as hom  | ne equity loans                                 | · 5. <b>\$</b>  |                                       | 0.00   |

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| Debtor 1     | Alexande                        | r Louis Bednar   | Case numi                  | per (if known) |                             |
|--------------|---------------------------------|--|----------------------------|----------------|-----------------------------|
| . Uti        | lities:                         |  |                            |                |                             |
| 6a.          |                                 | heat, natural gas  | 6a.                        | \$             | 50.00                       |
| 6b.          | Water, sev                      | er, garbage collection   | 6b.                        | \$             | 0.00                        |
| 6c.          |                                 | , cell phone, internet, satellite, and cable services  | 6c.                        | \$             | 100.00                      |
| 6d.          |                                 |  | 6d.                        | \$             | 0.00                        |
|              |                                 | keeping supplies   | 7.                         | \$             | 250.00                      |
|              |                                 | hildren's education costs  | 8.                         | \$             | 0.00                        |
|              |                                 | y, and dry cleaning  | 9.                         | \$             | 50.00                       |
|              |                                 | roducts and services   | 10.                        | ·              | 60.00                       |
|              |                                 | ital expenses  | 11.                        | ·              | 80.00                       |
|              |                                 | include gas, maintenance, bus or train fare.   | •••                        | <u> </u>       | 00.00                       |
|              | not include ca                  |  | · 12.                      | \$             | 150.00                      |
| 3. <b>En</b> | tertainment.                    | clubs, recreation, newspapers, magazines, and boo  | oks 13.                    | \$             | 80.00                       |
|              |                                 | butions and religious donations  | 14.                        | ·              | 0.00                        |
|              | surance.                        | ibationo ana rongiono donadono   |                            | ·              |                             |
|              |                                 | surance deducted from your pay or included in lines 4  | or 20.                     | •              | ,                           |
|              | a. Life insura                  |  | 15a.                       | \$             | 45.00                       |
| 15           | b. Health insi                  | ırance   | 15b.                       | \$             | 0.00                        |
|              | c. Vehicle ins                  |  | 15c.                       | \$             | 150.00                      |
|              | d. Other insu                   |  | 15d.                       | ·              | 0.00                        |
|              |                                 | clude taxes deducted from your pay or included in line   |                            | <u> </u>       |                             |
|              | ecify:                          |  | 16.                        | \$             | 0.00                        |
|              |                                 | ase payments:  | 17a.                       | œ              | 0.00                        |
|              |                                 | ents for Vehicle 1   |                            | ·              |                             |
|              |                                 | ents for Vehicle 2   | 17b.                       | · <del></del>  | 0.00                        |
|              | c. Other Spe                    | ·  | 17c.                       | ·              | . 0.00                      |
|              | d. Other. Spe                   |  | 17d.                       | \$             | 0.00                        |
|              |                                 | of alimony, maintenance, and support that you did<br>your pay on line 5, S <i>chedule I, Your Income</i> (Officia        |                            | \$             | 200.00                      |
|              |                                 | your pay on line 5, <i>Schedule I, Your Income</i> (Official<br>you make to support others who do not live with <u>y</u> |                            | \$             | 0.00                        |
|              | ecify:                          | you make to support others who do not live with  | 19.                        | Ψ              | 0.00                        |
|              |                                 | erty expenses not included in lines 4 or 5 of this fo  | <del></del>                | our Income     |                             |
|              |                                 | on other property  | 20a.                       |                | 0.00                        |
|              | <ul><li>b. Real estat</li></ul> | • • • •  | 20b.                       | ·              | 0.00                        |
|              |                                 |  | 20c.                       |                | 0.00                        |
|              | • •                             | nomeowner's, or renter's insurance   | 20d.<br>20d.               | ·              |                             |
|              |                                 | ce, repair, and upkeep expenses  |                            | ·              | 0.00                        |
|              |                                 | er's association or condominium dues   | 20e.                       | ·              | 0.00                        |
| 1. Ot        | her: Specify:                   | car rental   | 21.                        | +\$            | 150.00                      |
| 2. Ca        | lculate your                    | nonthly expenses   |                            |                |                             |
| 22           | a. Add lines 4                  | through 21.  | •                          | \$             | 2,165.00                    |
| 22           | b. Copy line 2                  | 2 (monthly expenses for Debtor 2), if any, from Official   | Form 106J-2                | \$             |                             |
|              |                                 | a and 22b. The result is your monthly expenses.  |                            | \$             | 2,165.00                    |
|              |                                 | •  |                            |                | Z, 100.00                   |
|              |                                 | monthly net income.  |                            |                |                             |
| 23           | a. Copy line                    | 12 (your combined monthly income) from Schedule I.   | 23a.                       | \$             | 4,960.00                    |
| 23           | b. Copy your                    | monthly expenses from line 22c above.  | 23b.                       | -\$            | 2,165.00                    |
| 23           | c. Subtract v                   | our monthly expenses from your monthly income.   |                            |                |                             |
| 20           |                                 | is your monthly net income.  | 23c.                       | \$.            | 2,795.00                    |
| 24. Dr       | vou expect :                    | an increase or decrease in your expenses within th   | e vear after vou file this | s form?        |                             |
| Fo           | r example, do yo                | nu expect to finish paying for your car loan within the year or dotterms of your mortgage?                               |                            |                | se or decrease because of a |
|              |                                 | rema or Your Morridage:  |                            |                |                             |
|              | No.                             |  | <del></del>                |                |                             |
|              | Yes.                            | Explain here:  |                            |                |                             |

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| Fill in this infor              | mation to identify your              | case:                                   |                               |                            |  |
|---------------------------------|--------------------------------------|---|-------------------------------|----------------------------|--|
| Debtor 1                        | Alexander Louis                      | Bednar                                  |                               |                            | •  |
|                                 | First Name                           | Middle Name                             | Last Name                     |                            | •  |
| Debtor 2<br>(Spouse if, filing) | First Name                           | Middle Name                             | Last Name                     | ·                          |  |
| United States Ba                | ankruptcy Court for the:             | WESTERN DISTRIC                         | T OF OKLAHOMA                 |                            |  |
| Case number                     |                                      |   | į.                            | 7                          |  |
| (if known)                      |                                      |   |                               |                            | ☐ Check if this is an  |
|                                 |                                      | · , · · · · · · · · · · · · · · · · · · | <del></del>                   |                            | amended filing   |
|                                 |                                      |   |                               |                            |  |
| Official Forr                   | n 106Dec                             |   |                               |                            |  |
| Declarat                        | tion About a                         | n Individua                             | al Debtor's Sc                | hedules                    | 12/15  |
| Sig                             | n Below                              | ·                                       |                               |                            |  |
| Did you pa                      | y or agree to pay some               | one who is NOT an at                    | torney to help you fill out b | bankruptcy forms?          |  |
| ■ No                            |                                      |   |                               |                            |  |
| ☐ Yes.                          | Name of person                       |   |                               |                            | tcy Petition Preparer's Notice,<br>d Signature (Official Form 119) |
|                                 |                                      |   |                               | ·                          | a eignature (emelai remi mo)                                       |
|                                 |                                      | that I have read the su                 | ummary and schedules file     | ed with this declaration a | nd   |
| that they ar                    | e true and correct.                  |   |                               |                            | •  |
|                                 | xander Louis Bedna                   |   | X Circoture of                | EDahlar 0                  | ·  |
|                                 | nder Louis Bednar<br>ire of Debtor 1 | 50,2019                                 | Signature of                  | Deplor 2                   | •  |
| Data                            | hulu-47 2040                         |   | Data                          |                            |  |

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| Fill in th              | nis informa                         | ation to identify your                                   | case:  |  |  |   |
|-------------------------|-------------------------------------|--|--|--|--|---|
| Debtor 1                |                                     | Alexander Louis  | Bednar   |  |  |   |
|                         |                                     | First Name   | Middle Name  | Last Name  |  |   |
| Debtor 2<br>(Spouse if, | -                                   | First Name   | Middle Name  | Last Name  |  |   |
| United S                | States Bank                         | cruptcy Court for the:                                   | WESTERN DISTRICT O   | F OKLAHOMA   |  |   |
|                         |                                     |  |  |  |  |   |
| (if known)              | imber                               |  |  |  | · · · · · · · · · · · · · · · · · · ·  | theck if this is an mended filing                     |
| O.C                     |                                     | 407  |  |  |  |   |
|                         | al For                              |  | Maine for Indivi   | duala Cilina fan O   | ·<br>  |   |
|                         |                                     | •  |  | duals Filing for B   |  | 4/19  |
| informat<br>number      | tion. If mo<br>(if known)           | re space is needed,<br>. Answer every ques               | attach a separate sheet to                                 | this form. On the top of an  | equally responsible for sup<br>y additional pages, write you   |   |
| 1. Wh                   | at is your (                        | current marital statu                                    | s?   |  |  |   |
| П                       | Married                             |  |  |  |  |   |
|                         | Not marri                           | ed   |  | :  |  |   |
| 2. Dur                  | ing the las                         | st 3 vears. have vou l                                   | ived anywhere other than                                   | where you live now?  |  |   |
| _                       | _                                   | ,  |  |  |  | ž.  |
| . 🗖                     | No<br>Yes. List                     | all of the places you li                                 | ed in the last 3 years. Do r                               | not include where you live now   | <i>I</i> .   |   |
| De                      | btor 1 Pric                         | or Address:  | Dates Debtor 1   | Debtor 2 Prior Ac  | The second secon | Dates Debtor 2<br>lived there                         |
|                         | 721 Via B<br>Imond, O               |  | From-To:<br>12-10 to 9-18                                  | ☐ Same as Debtor   | ,  | ☐ Same as Debtor 1<br>From-To:                        |
| states an               | nd territorie:<br>No<br>Yes. Mak    | s include Arizona, Cal<br>e sure you fill out <i>Sch</i> | fornia, Idaho, Louisiana, Ne<br>edule H: Your Codebtors (C | evada, New Mexico, Puerto R  | ity property state or territory<br>ico, Texas, Washington and W  | 17 (Community property<br>lisconsin.)                 |
| Part 2                  | Explain                             | the Sources of Your                                      | Income   | <del></del>  | · · · · · · · · · · · · · · · · · · ·  | ·   |
| Fill i                  | in the total<br>ou are filing<br>No | amount of income you<br>a joint case and you             | received from all jobs and                                 | ng a business during this you<br>all businesses, including part<br>re together, list it only once ur |  | ndar years?   |
|                         | Yes, Fill i                         | n the details.   |  |  |  | ·   |
|                         |                                     |  | Debtor-1   |  | Debtor 2   |   |
|                         |                                     |  | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions) |

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| De        | btor 1          | Alexa   | ander Lo                             | ouis Bedna                                  | r                               |  |                       | Ca  | ase number (if known)                       |                                   |   |
|-----------|-----------------|---|--------------------------------------|---|---------------------------------|--|-----------------------|---|---|-----------------------------------|---|
| _         |                 |   |                                      |   |                                 |  | _                     |   |   |                                   |   |
| 5.        | Includ<br>and o | I you receive any other income during this year or the two previous calendar years?  lude income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, if other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery nings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. |                                      |   |                                 |  |                       |   |   |                                   |   |
|           | List e          | ach sou   | rce and t                            | he gross inco                               | me from e                       | ach source separate  | ely. Do               | not include income  | that you listed in li                       | ne 4.                             | •   |
|           |                 | No  |                                      |   |                                 |  |                       |   |   |                                   |   |
|           |                 | Yes. Fill   | in the de                            | tails.                                      |                                 |  |                       |   |   |                                   |   |
|           |                 |   |                                      |   | Debtor 1<br>Sources<br>Describe | of income  | each<br>(befo         | ss income from<br>a source<br>ore deductions and<br>usions) | Debtor 2<br>Sources of in<br>Describe below |                                   | Gross income<br>(before deductions<br>and exclusions) |
| Pa        | rt 3:           | List Co   | ertain Pa                            | yments You                                  | Made Bef                        | ore You Filed for E  | Bankru                | ptcy  |   |                                   |   |
| 6.        |                 | No. <b>N</b>  | either De                            | ebtor 1 nor E                               | ebtor 2 ha                      | rimarily consumer<br>as primarily consu<br>family, or household                              | mer de                | bts. Consumer del   | bts are defined in 1                        | 1 U.S.C. § 10                     | 1(8) as "incurred by an                               |
|           |                 |   |                                      | -   | •                               | d for bankruptcy, dic  | d you p               | ay any creditor a to  | tal of \$6,825* or m                        | ore?                              |   |
|           |                 |   | □ <sub>No.</sub><br>□ <sub>Yes</sub> | Go to line 7                                |                                 | or to whom you paid  | la tota               | l of \$6 825* or more                                       | e in one or more na                         | vmonte and t                      | ne total amount you                                   |
|           |                 |   |                                      | paid that cr<br>not include                 | editor. Do i<br>payments        | not include payment<br>to an attorney for th<br>2 and every 3 years                          | ts for de<br>is bank  | omestic support obl<br>cruptcy case.                        | ligations, such as o                        | hild support a                    | nd alimony. Also, do                                  |
|           | •               | Yes. D  | ebtor 1 c                            | r Debtor 2 c                                | r both hav                      | e primarily consuld for bankruptcy, did  | mer de                | bts.  |   | •                                 |   |
|           |                 | I   | No.                                  | Go to line 7                                |                                 | •  |                       |   |   | -                                 |   |
| •         | •               |   | □ Yes                                | List below e<br>include pay<br>attorney for | ments for o                     |  | d a tota<br>oligation | l of \$600 or more a<br>ns, such as child su                | nd the total amoun<br>opport and alimony.   | t you paid that<br>Also, do not i | t creditor. Do not<br>nclude payments to an           |
|           | Crec            | ditor's N   | lame and                             | l Address                                   |                                 | Dates of paymer  | nt                    | Total amount  | Amount you still owe                        | Was this p                        | payment for   |
| <b>7.</b> | Inside<br>of wh | e <i>rs</i> inclu<br>iich you<br>siness yo  | de your r<br>are an of               | elatives; any<br>ficer. director            | general pa<br>. person in       | cy, did you make a<br>rtners; relatives of a<br>control, or owner of<br>1 U.S.C. § 101. Incl | any ger<br>f 20% c    | neral partners; partr<br>or more of their votir             | nerships of which you                       | ou are a gene                     | ral partner; corporations                             |
|           |                 | No<br>Yes. Lis  | t all paym                           | ents to an in                               | sider.                          |  |                       |   |   |                                   |   |
|           | Insid           | der's Na  | 9 10 125 1 25 1                      | Address                                     |                                 | Dates of paymer  | nt i                  | Total amount paid   | Amount you still owe                        | Reason fo                         | r this payment  |
| 8.        | insid           | er?   |                                      |   |                                 | cy, did you make a<br>igned by an insider.   |                       | ments or transfer   | any property on a                           | account of a                      | debt that benefited an                                |
|           |                 | No  |                                      | -   |                                 | -  |                       |   |   |                                   |   |
|           | _               |   | t all paym                           | ents to an in                               | sider                           |  |                       |   |   |                                   |   |
|           | Insid           | der's Na  | me and                               | Address                                     | 2                               | Dates of paymer  |                       | Total amount paid   | Amount you still owe                        |                                   | r this payment<br>ditor's name                        |

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Case number (#/www.)

| Within 1 year before you filed for bankruptor List all such matters, including personal injury modifications, and contract disputes. | cy, were you a party in a cases, small claims action | ny lawsuit, court action, or admining<br>ns, divorces, collection suits, paternit                              | strative proceed<br>actions, suppor | ling?<br>t or custody |
|--|--|--|-------------------------------------|-----------------------|
| □ No ■ Yes. Fill in the details.   |  |  | ·                                   |                       |
| Case title<br>Case number  | Nature of the case                                   | Court or agency  | Status of th                        | e case                |
| ALEXANDER BEDNAR vs<br>Unknown Defendant<br>1912312  | Bankruptcy<br>Chapter 13                             | OKLAHOMA WESTERN -<br>OKLAHOMA CITY  | ☐ Pending ☐ On appe ☐ Conclud       | eal                   |
|  |  |  | - 0.00                              |                       |
| ALEXANDER BEDNAR vs<br>Unknown Defendant<br>1511916  | Bankruptcy<br>Chapter 7                              | OKLAHOMA WESTERN -<br>OKLAHOMA CITY  | ☐ Pending<br>☐ On appe<br>☐ Conclud | · al                  |
|  |  |  | Discharge                           | ed - 0.00             |
| State Of Oklahoma vs ALEXANDER<br>BEDNAR<br>ITI1300173700  | STATE TAX<br>WARRANT                                 | OKLAHOMA COUNTY<br>CLERK   | ☐ Pending☐ On appe                  | eal                   |
|  |  |  | - 11,627.0                          | 0                     |
| RCB Bank v. Alexander Louis<br>Bednar et al.<br>CJ-2015-192  | Motion to revoke<br>Bond                             | District Court of Oklahoma<br>County<br>320 Robert S Kerr Ave<br>Oklahoma City, OK 73102                       | ■ Pending □ On appe                 | eal                   |
| Within 1 year before you filed for bankrupto<br>Check all that apply and fill in the details below                                   |  | perty repossessed, foreclosed, gar   | nished, attached                    | d, seized, or levied? |
| <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>   |  |  |                                     |                       |
| Creditor Name and Address  | Describe the Property                                | Jan Barra da Barra d | te .                                | Value of the          |
|  | Explain what happene                                 | d a  |                                     | property              |
| Within 90 days before you filed for bankrup accounts or refuse to make a payment bec   |  | cluding a bank or financial instituti  | on, set off any a                   | amounts from your     |
| I I Yes Fill in the details  | Describe the action th                               | e creditor took Da   | te action was                       | Amoun                 |
| - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  |  | e creditor took Da   | te action was                       | Ai                    |

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| Pa        |  |   |  |                                       |
|-----------|--|---|--|---------------------------------------|
| 13.       |  | did you give any gifts with a total value of more t   | han \$600 per person   | ?                                     |
|           | ■ No □ Yes. Fill in the details for each gift.   |   |  |                                       |
|           | Gifts with a total value of more than \$600 per person   | Describe the gifts  | Dates you gave<br>the gifts  | Value                                 |
|           | Person to Whom You Gave the Gift and Address:  |   | Amalian Balan  |                                       |
| 14.       | Within 2 years before you filed for bankruptcy, ■ No   | did you give any gifts or contributions with a tota   | il value of more than  | \$600 to any charity?                 |
|           | Yes. Fill in the details for each gift or contribut  |   | · · · · · · · · · · · · · · · · · · ·  | والمنافعة والمعاور المنافعة والمعاور  |
|           | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   | Describe what you contributed   | Dates you<br>contributed   | Value                                 |
| Pa        | rt 6: List Certain Losses  |   |  | <u>.</u>                              |
| 15.       | Within 1 year before you filed for bankruptcy or or gambling?  | since you filed for bankruptcy, did you lose anyt   | thing because of the   | ft, fire, other disaster,             |
|           | ■ No   |   |  |                                       |
|           | Yes. Fill in the details.  |   |  |                                       |
|           | Describe the property you lost and how the loss occurred Include   | ibe any insurance coverage for the loss e the amount that insurance has paid. List pending  | Date of your loss  | Value of property lost                |
| Pa        | Describe the property you lost and how the loss occurred Including   | 사회사회장 경험 수 있는 사회 중요한 사람들은 사람들이 가는 가득하게 하고 있다면 하는 것이다.   | and the second s | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|           | Describe the property you lost and Describe the property you lost and Including Insura   | e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.   | loss   | lost                                  |
|           | Describe the property you lost and how the loss occurred Include insurant 7: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari  | e the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property.  id you or anyone else acting on your behalf pay o  | loss   | lost                                  |
|           | Describe the property you lost and how the loss occurred Include insurant 7: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari  | e the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property.  id you or anyone else acting on your behalf pay on a bankruptcy petition?  | loss   | lost                                  |
|           | Describe the property you lost and how the loss occurred Include insurant 7: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or preparinclude any attorneys, bankruptcy petition prepared  | e the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property.  id you or anyone else acting on your behalf pay on a bankruptcy petition?  | loss   |                                       |
|           | Describe the property you lost and how the loss occurred  Include insura  17: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari include any attorneys, bankruptcy petition prepared  No  Yes. Fill in the details.  Person Who Was Paid  Address  Email or website address  | e the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property.  id you or anyone else acting on your behalf pay on a bankruptcy petition?  | loss   | lost                                  |
|           | Describe the property you lost and how the loss occurred Include insura  17: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or preparinclude any attorneys, bankruptcy petition prepared  No Yes. Fill in the details.  Person Who Was Pald Address Email or website address Person Who Made the Payment, if Not You  Stephen A. Harry 3030 NW Expressway Suite 200 Suite 200   | e the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property:  id you or anyone else acting on your behalf pay on a bankruptcy petition?  rs, or credit counseling agencies for services required.  Description and value of any property   | or transfer any prope<br>d in your bankruptcy.  Date payment<br>or transfer was  | rty to anyone you  Amount of          |
| Pa<br>16. | Describe the property you lost and how the loss occurred Include insura  17: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or preparinclude any attorneys, bankruptcy petition prepared  No Yes. Fill in the details.  Person Who Was Pald Address Email or website address Person Who Made the Payment, if Not You  Stephen A. Harry 3030 NW Expressway Suite 200   | e the amount that insurance has paid. List pending nice claims on line 33 of Schedule A/B: Property.  id you or anyone else acting on your behalf pay ong a bankruptcy petition?  rs, or credit counseling agencies for services required.  Description and value of any property transferred   | or transfer any prope<br>d in your bankruptcy.  Date payment<br>or transfer was<br>made  | arty to anyone you  Amount of payment |
| 16.       | Describe the property you lost and how the loss occurred  Include insura  17: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari include any attorneys, bankruptcy petition prepared  No  Yes. Fill in the details.  Person Who Was Pald Address Email or website address Person Who Made the Payment, if Not You Stephen A. Harry 3030 NW Expressway Suite 200 Suite 200 Oklahoma City, OK 73112 stephenaharry@sahlawoffice.com   | e the amount that insurance has paid. List pending nice claims on line 33 of Schedule A/B: Property.  id you or anyone else acting on your behalf pay ong a bankruptcy petition? rs, or credit counseling agencies for services required transferred  Attorney Fees  id you or anyone else acting on your behalf pay on to make payments to your creditors? | Date payment or transfer was made  June 2019   | Amount of payment \$2,500.00          |
| 16.       | Describe the property you lost and how the loss occurred  Include insura  17: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari include any attorneys, bankruptcy petition prepared.  No  Yes. Fill in the details.  Person Who Was Pald.  Address  Email or website address  Person Who Made the Payment, if Not You  Stephen A. Harry  3030 NW Expressway Suite 200  Suite 200  Oklahoma City, OK 73112  stephenaharry@sahlawoffice.com  Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors of Do not include any payment or transfer that you list | e the amount that insurance has paid. List pending nice claims on line 33 of Schedule A/B: Property.  id you or anyone else acting on your behalf pay ong a bankruptcy petition? rs, or credit counseling agencies for services required transferred  Attorney Fees  id you or anyone else acting on your behalf pay on to make payments to your creditors? | Date payment or transfer was made  June 2019   | Amount of payment \$2,500.00          |
|           | Describe the property you lost and how the loss occurred  Include insura  17: List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari include any attorneys, bankruptcy petition prepared.  No  Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Stephen A. Harry 3030 NW Expressway Suite 200 Suite 200 Oklahoma City, OK 73112 stephenaharry@sahlawoffice.com  Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors of   | e the amount that insurance has paid. List pending nice claims on line 33 of Schedule A/B: Property.  id you or anyone else acting on your behalf pay ong a bankruptcy petition? rs, or credit counseling agencies for services required transferred  Attorney Fees  id you or anyone else acting on your behalf pay on to make payments to your creditors? | Date payment or transfer was made  June 2019   | Amount of payment \$2,500.00          |

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| Deptor 1 | Alexander |   | OHIS  | Begnar  |
|----------|-----------|---|-------|---------|
| Denmi i  | Alexander | L | -vuio | Deullai |

Case Hullings (It Milomit)

| 8.  | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  |   |  |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|--|
|     | ■ No   |   |  |  |  |  |  |  |
|     | ☐ Yes. Fill in the details.  | •   |  |  |  |  |  |  |
|     | Person Who Received Transfer<br>Address  | Description and value of property transferred                     | Describe any property or<br>payments received or debts<br>paid in exchange | Date transfer was made   |  |  |  |  |
|     | Person's relationship to you   |   |  |  |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect   | y, did you transfer any property to a<br>tion devices.)           | self-settled trust or similar device                                       | of which you are a   |  |  |  |  |
|     | No State Community of the Community of t |   | · į  |  |  |  |  |  |
|     | Yes. Fill in the details.  |   |  | Erandinalise Emiliara de la malemania de la composicione della composicione de la composicione della composicione della composicione della composicione della composicione della composi |  |  |  |  |
|     | Name of trust  | Description and value of the pro                                  |  | Date Transfer was<br>made  |  |  |  |  |
| Pa  | rt 8: List of Certain Financial Accounts, Instru   | uments, Safe Deposit Boxes, and S                                 | torage Units   |  |  |  |  |  |
| 20. | sold, moved, or transferred?<br>Include checking, savings, money market, or chouses, pension funds, cooperatives, associated.  | other financial accounts; certificate                             | s of deposit; shares in banks, cred  |  |  |  |  |  |
|     | No   |   | •  |  |  |  |  |  |
|     | ☐ Yes. Fill in the details.  |   | \$400 top 19.25 gamma, 1   |  |  |  |  |  |
|     |  | ast 4 digits of Type of account number instrument                 | ount or Date account was closed, sold, moved, or                           | Last balance<br>before closing or<br>transfer  |  |  |  |  |
|     |  |   | transferred  |  |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | ar before you filed for bankruptcy, a                             | any safe deposit box or other depos  | sitory for securities,   |  |  |  |  |
|     | No   |   |  |  |  |  |  |  |
|     | Yes. Fill in the details.  |   |  |  |  |  |  |  |
|     |  | Who else had access to it?  | Describe the contents  | Do you still   |  |  |  |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Address (Number, Street, City, State and ZIP Code)                | Describe the Contents  | have it?   |  |  |  |  |
| 22. | Have you stored property in a storage unit or  | place other than your home within                                 | 1 year before you filed for bankrup  | tcy?   |  |  |  |  |
|     | □ No ■ Yes. Fill in the details.   |   |  |  |  |  |  |  |
|     | Name of Storage Facility   | Who else has or had access  | Describe the contents  | Do you still   |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)   | to it? Address (Number, Street, City,                             |  | have it?   |  |  |  |  |
|     |  | State and ZIP Gode)   |  |  |  |  |  |  |
|     | North Penn Storage<br>Oklahoma City, OK 73112  | Debtor  | Misc Art and personal<br>property  | □ No<br>■ Yes  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |
| Pa  | rt 9: Identify Property You Hold or Control fo   | r Someone Else  |  |  |  |  |  |  |
| 23. | Do you hold or control any property that some for someone.   | eone else owns? Include any prope                                 | rty you borrowed from, are storing   | for, or hold in trust  |  |  |  |  |
|     | No No Fill in the details  |   |  |  |  |  |  |  |
|     | ☐ Yes. Fill in the details.  | 1100  | Deligative and appropriate   |  |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property  | Value  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |

Official Form 107

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| Der | DIGIT - MICAGINGI LOUIS DEUTIGI   |   |   |                                    |
|-----|---|---|---|------------------------------------|
| Pai | rt 10: Give Details About Environmental Informa   | ation   |   |                                    |
| For | the purpose of Part 10, the following definitions   | apply:  |   |                                    |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these subsite means any location, facility, or property as to own, operate, or utilize it, including disposal Hazardous material means anything an environ | ir, land, soil, surface water, ground<br>ostances, wastes, or material.<br>defined under any environmental la<br>sites. | water, or other medium, including st<br>aw, whether you now own, operate, o | atutes or<br>or utilize it or used |
|     | hazardous material, pollutant, contaminant, or s  |   |   |                                    |
| Rep | port all notices, releases, and proceedings that yo   | ou know about, regardless of when   | they occurred.  |                                    |
| 24. | Has any governmental unit notified you that you   | u may be liable or potentially liable   | under or in violation of an environme                                       | ental law?                         |
|     | ■ No □ Yes. Fill in the details.  |   |   |                                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)  | Environmental law, if you know it   | Date of notice                     |
| 25. | Have you notified any governmental unit of any  ■ No □ Yes. Fill in the details.  | release of hazardous material?  |   |                                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)  | Environmental law, if you know if   | Date of notice                     |
| 26. | Have you been a party in any judicial or adminis  No Yes. Fill in the details.  | strative proceeding under any envi  | ronmental law? Include settlements a  | and orders.                        |
|     | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case  | Status of the case                 |
| Pa  | rt 11: Give Details About Your Business or Con  | nections to Any Business  | •   |                                    |
| 27. | Within 4 years before you filed for bankruptcy,   | <br>did you own a business or have an   | y of the following connections to any                                       | y business?                        |
|     | ■ A sole proprietor or self-employed in a   | trade, profession, or other activity,   | either full-time or part-time   |                                    |
|     | ■ A member of a limited liability company   | (LLC) or limited liability partnershi   | p (LLP)   |                                    |
|     | ☐ A partner in a partnership  | , ,   |   |                                    |
|     | ☐ An officer, director, or managing execut  | tive of a corporation   | •   | ٠.                                 |
|     | ☐ An owner of at least 5% of the voting or  | equity securities of a corporation  |   |                                    |
|     | ☐ No. None of the above applies. Go to Part   | 12.   |   |                                    |

Bednar Consulting 13919-B North May Ave #217

Address (Number, Street, City, State and ZIP Code)

**Business Name** 

Oklahoma City, OK 73134

Describe the nature of the business

Name of accountant or bookkeeper

**Business Consulting** 

Brenda Carpenter

Yes. Check all that apply above and fill in the details below for each business.

Employer Identification number Do not include Social Security number or ITIN.

Dates business existed

EIN: 46-4241454

From-To

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| DONOL : VIEVELIARI FORIS BORIER  | <u> </u>   | ·                                       |
|--|--|---|
| 28. Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.   | , did you give a financial statement to anyone abou  | t your business? Include all financial  |
| ■ No   | ×  |   |
| Yes. Fill in the details below.  |  |   |
| Name D<br>Address<br>(Number, Street, City, State and ZIP Code)  | <b>Pate Issued</b>   |   |
| Part 12: Sign Below  |  |   |
| I have read the answers on this Statement of Finan are true and correct. I understand that making a fall with a bankruptcy case can result in fines up to \$25 18 U.S.C. §§ 152, 1341, 1519, and 3571. | lse statement, concealing property, or obtaining mo 50,000, or imprisonment for up to 20 years, or both. | oney or property by fraud in connection |
| Alexander Louis Bednar<br>Signature of Debtor 1  | Signature of Debtor 2  |   |
| Date 10, 2019  | Date   |   |
| Did you attach additional pages to Your Statement ■ No □ Yes   | of Financial Affairs for Individuals Filing for Bankr  | uptcy (Official Form 107)?              |
| Did you pay or agree to pay someone who is not ar ■ No   | n attorney to help you fill out bankruptcy forms?  | · · · · · · · · · · · · · · · · · · ·   |
| ☐ Yes. Name of Person Attach the Bankrupto   | cy Petition Preparer's Notice, Declaration, and Signatur   | e (Official Form 119).                  |

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| Fill in this infor              | mation to identify your case:                          |
|---------------------------------|--|
| Debtor 1                        | Alexander Louis Bednar                                 |
| Debtor 2<br>(Spouse, if filing) |  |
| United States I                 | Bankruptcy Court for the: Western District of Oklahoma |
| Case number<br>(if known)       |  |
|                                 |  |
|                                 |  |

| Check as directed in lines 17 and 21:                     |  |  |  |  |  |
|---|--|--|--|--|--|
| According to the calculations required by this Statement: |  |  |  |  |  |
|   | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |
|   | Disposable income is determined under 11 U.S.C. § 1325(b)(3).        |  |  |  |  |
|   | 3. The commitment period is 3 years.                                 |  |  |  |  |
|   | 4. The commitment period is 5 years.                                 |  |  |  |  |
|   | ☐ Check if this is an amended filing                                 |  |  |  |  |

## Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Not married. Fill out Column A, lines 2-11.    Married. Fill out both Columns A and B, lines 2-11.    Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case, 11 U.S.C. § 101(10A). For example, if you are filing on September 15; the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6, Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column B   Debtor 1  | Par     | Calculate Your Average Monthly Income   |                            |   |
|--|---------|---|----------------------------|---|
| Married. Fill out both Columns A and B, lines 2-11.    Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case, 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column A Debtor 1   | 1.      | What is your marital and filing status? Check one only.   |                            |   |
| Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case, 11 U.S.C. § 101(10A). For example, if you are filing on September 15; the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column A   |         | Not married. Fill out Column A, lines 2-11.   |                            |   |
| 1.01(10A). For example, if you are filing on September 15, the 6-mointh period would be March. 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months, and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column A   |         | ☐ Married. Fill out both Columns A and B, lines 2-11.   |                            |   |
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).  3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.  4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm  Gross receipts (before all deductions)  Ordinary and necessary operating expenses  Net monthly income from a business, profession, or farm \$  0.00 Copy here -> \$  0.00 S  | 1<br>tr | 01(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include                                    | ough August 31. If the amo | unt of your monthly income varied during or than once. For example, if both |
| payroll deductions).  3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.  4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm  Gross receipts (before all deductions)  Ordinary and necessary operating expenses  Net monthly income from a business, profession, or farm \$  0.00  Copy here -> \$ 0.00  S  O.00  Copy here -> \$ 0.00  Copy here -> \$ 0.   |         |   |                            | Debtor 2 or   |
| Column B is filled in.  4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm  Gross receipts (before all deductions)  Ordinary and necessary operating expenses  Net monthly income from a business, profession, or farm \$  0.00  Net income from rental and other real property  Gross receipts (before all deductions)  Ordinary and necessary operating expenses  \$ 0.00  Copy here -> \$ 0.00  | 2.      |   | \$ 6,000.00                | \$  |
| of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm  Gross receipts (before all deductions)  Ordinary and necessary operating expenses  Net monthly income from a business, profession, or farm \$  Net income from rental and other real property  Gross receipts (before all deductions)  Ordinary and necessary operating expenses  -\$  0.00  Copy here -> \$  0.00  Copy here -> \$  0.00  Ordinary and necessary operating expenses  -\$  0.00  Copy here -> \$  0.00  | 3.      |   | \$ 0.00                    | <b>\$</b>   |
| profession, or farm Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm \$ 0.00 Copy here -> \$ 0.00 \$  Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses  -\$ 0.00 Copy here -> \$ 0.00 \$  -\$ 0.00 Copy here -> \$ 0.00 Copy here -> \$ 0.00 \$  -\$ 0.00 Copy here -> \$ 0.00 Copy her | 4.      | of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments | \$ 0.00                    | \$  |
| Ordinary and necessary operating expenses  Net monthly income from a business, profession, or farm \$ 0.00 Copy here -> \$ 0.00 \$  Net income from rental and other real property Gross receipts (before all deductions)  Ordinary and necessary operating expenses  -\$ 0.00 Copy here -> \$ 0.00 \$   | 5.      |   |                            |   |
| Net monthly income from a business, profession, or farm \$ 0.00 Copy here -> \$ 0.00 \$  6. Net income from rental and other real property Gross receipts (before all deductions)  Ordinary and necessary operating expenses  \$ 0.00 \ 0.00 Copy here -> \$ 0.00 \$   |         | Gross receipts (before all deductions) \$ 0.00  |                            |   |
| 6. Net income from rental and other real property Gross receipts (before all deductions)  Ordinary and necessary operating expenses  Debtor 1  0.00  -\$ 0.00  |         | Ordinary and necessary operating expenses +   | 4                          |   |
| Gross receipts (before all deductions)  S  Ordinary and necessary operating expenses  S  O.00  -\$  O.00   |         | Net monthly income from a business, profession, or farm \$ 0.00 Copy here ->  | \$ 0.00                    | \$  |
| Ordinary and necessary operating expenses -\$ 0.00   | 6.      | Net income from rental and other real property Debtor 1   |                            |   |
| Ordinary and necessary operating expenses  |         | Oross receipts (before all deductions)  |                            |   |
| Net monthly income from rental or other real property \$ 0.00 Copy here -> \$ 0.00 \$  |         | Ordinary and necessary operating expenses   |                            |   |
|  |         | Net monthly income from rental or other real property \$O.00 Copy here ->   | • \$                       | \$  |

Official Form 122C-1

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| Debtor '    | Alexander Louis Bednar   |                    | Case number          | (if known)    |                                     |                            |
|-------------|--|--------------------|----------------------|---------------|-------------------------------------|----------------------------|
|             |  |                    | Column A<br>Debtor 1 |               | Column B Debtor 2 or non-filing spo | use                        |
| 7. I        | nterest, dividends, and royalties  |                    | \$                   | 0.00          | \$                                  |                            |
| 8. <b>l</b> | Unemployment compensation  |                    | \$                   | 0.00          | \$                                  |                            |
|             | Do not enter the amount if you contend that the amount received was a ber<br>he Social Security Act. Instead, list it here:  | nefit unde         | er                   |               |                                     |                            |
|             |  | 0.00               |                      |               |                                     |                            |
|             | For your spouse \$   |                    |                      |               |                                     |                            |
| 9. I        | Pension or retirement income. Do not include any amount received that volenefit under the Social Security Act.   | was a              | \$                   | 0.00          | \$                                  |                            |
| 1<br>1<br>0 | Income from all other sources not listed above. Specify the source and Do not include any benefits received under the Social Security Act or paym received as a victim of a war crime, a crime against humanity, or internation domestic terrorism. If necessary, list other sources on a separate page and total below. | ents<br>nal or     | \$                   | 0.00          | \$                                  |                            |
|             |  |                    | \$                   | 0.00          | \$                                  |                            |
|             | Total amounts from separate pages, if any.   | 4                  | + \$                 | 0.00          | \$                                  |                            |
|             | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  | \$                 | 6,000.00             | <b>*</b> \$   | =                                   | \$ 6,000.00  Total average |
|             | Copy your total average monthly income from line 11.  Calculate the marital adjustment. Check one:  You are not married. Fill in 0 below.  |                    |                      |               |                                     | 6,000.00                   |
|             | You are married and your spouse is filing with you. Fill in 0 below.   |                    |                      |               |                                     |                            |
| l           | ☐ You are married and your spouse is not filing with you.  |                    |                      |               |                                     |                            |
|             | Fill in the amount of the income listed in line 11, Column B, that was N dependents, such as payment of the spouse's tax liability or the spous  | e's supp           | ort of someone       | e other tha   | an you or your de                   | pendents.                  |
|             | Below, specify the basis for excluding this income and the amount of i<br>adjustments on a separate page.  | ncome de           | evoted to each       | purpose.      | . If necessary, lis                 | t additional               |
|             | If this adjustment does not apply, enter 0 below.  | _                  |                      |               |                                     |                            |
|             |  | \$_                | -                    | _             |                                     |                            |
|             |  | <b>+</b> e         |                      | <del></del> . |                                     |                            |
|             |  | _ <del>*\$</del> _ |                      |               |                                     |                            |
|             | Total  | \$_                | 0.0                  | <u>0</u>   co | py here=>                           | 0.00                       |
| 14.         | Your current monthly income. Subtract line 13 from line 12.  | <u></u>            | ,                    |               | :                                   | 6,000.00                   |
| 15.         | Calculate your current monthly income for the year. Follow these step  | os:                |                      |               | ٠                                   | 6,000.00                   |
|             | 15a. Copy line 14 here=>   |                    | •••••                |               | <u></u>                             | 6,000.00                   |
|             | Multiply line 15a by 12 (the number of months in a year).  |                    | •                    |               | Г                                   | x 12                       |
|             | 15b. The result is your current monthly income for the year for this part of   | f the forn         | n                    |               |                                     | 72,000.00                  |

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| Debto    | rn .  | Alexander L                    | Jouis Deuliai  | -                         | Case Hambel (I Miomi)   |                                     |                                       |
|----------|-------|--------------------------------|--|---------------------------|---|-------------------------------------|---------------------------------------|
| 16.      | Calc  | ulate the med                  | lian family income that applies to   | you. Follow these st      | eps:  |                                     | ,                                     |
|          | 16a.  | Fill in the state              | e in which you live.   | ОК                        | ,<br>-  |                                     |                                       |
|          | 16b.  | Fill in the num                | ber of people in your household.   | 2                         |   |                                     |                                       |
|          | 16c.  | Fill in the med                | lian family income for your state and  | d size of household.      | ·   | \$                                  | 59,133.00                             |
|          |       | To find a list o               | of applicable median income amour<br>or this form. This list may also be av  | ts, go online using th    | e link specified in the separate total  | Ψ_                                  |                                       |
| 17.      | How   | do the lines                   | compare?   |                           |   |                                     |                                       |
|          | 17a.  |                                |  |                           | of this form, check box 1, <i>Disposable</i> on of Your Disposable Income (Offici |                                     |                                       |
| -        | 17b.  | 1325(1                         | 5b is more than line 16c. On the to<br>b)(3). Go to Part 3 and fill out Cal<br>surrent monthly income from line 14 | culation of Your Dis      | n, check box 2, <i>Disposable income i</i><br>posable Income (Official Form 122   | s determined ur<br>C-2). On line 39 | nder 11 U.S.C. § 9 of that form, copy |
| Par      | 3:    | Calculate Y                    | our Commitment Period Under 1  | 1 U.S.C. § 1325(b)(4      |   |                                     |                                       |
| 18.      | Cop   | y your total av                | verage monthly income from line  | 11.                       | ·   | \$                                  | 6,000.00                              |
| 19.      | Ded   | luct the marita                | ıl adjustment if it applies. If you a  | re married, your spou     |   |                                     |                                       |
|          | 19a.  | . If the marital a             | adjustment does not apply, fill in 0 c   | n line 19a.               |   | -\$                                 | 0.00                                  |
|          | 19b.  | Subtract line                  | 19a from line 18.  |                           |   | \$                                  | 6,000.00                              |
|          |       |                                |  |                           |   | L.                                  |                                       |
| 20.      | Cal   | culate your cu                 | rrent monthly income for the yea   | r. Follow these steps     | :   |                                     |                                       |
|          | 20a   | . Copy line 19b                | )  |                           |   | . \$_                               | 6,000.00                              |
|          |       |                                | the number of months in a year).   |                           |   |                                     | c. 12                                 |
|          |       |                                |  | •                         | ·   |                                     |                                       |
|          | 20b   | . The result is y              | your current monthly income for the  | year for this part of the | ne form   | \$_                                 | 72,000.00                             |
|          |       |                                |  |                           |   |                                     |                                       |
|          | 20c.  | . Copy the med                 | dian family income for your state an   | d size of household fi    | om line 16c   | . \$_                               | 59,133.00                             |
|          | 21.   | How do the I                   | ines compare?  |                           |   |                                     |                                       |
| -        |       |                                | o is less than line 20c. Unless other<br>3 3 years. Go to Part 4.  | wise ordered by the c     | ourt, on the top of page 1 of this form   | , check box 3,                      | The commitment                        |
|          |       |                                | o is more than or equal to line 20c. I<br>ment period is 5 years. Go to Part 4.                                    |                           | ered by the court, on the top of page   | 1 of this form, cl                  | heck box 4, The                       |
| Par      | t 4:  | Sign Below                     | v  |                           | -   |                                     |                                       |
|          | By s  | signing here, ur               | nder penalty of perjury I deçlare tha  | t the information on t    | nis statement and in any attachments  | is true and cor                     | rect.                                 |
| ١,       | l lei | Alexander I                    | Louis Bednar   | mer <sub>a</sub> .        | ·   |                                     |                                       |
| <b>'</b> | Al    | exander Lou<br>anature of Debt | is Bednar  | <u> </u>                  | :   |                                     |                                       |
|          | Date  |                                | 019 991 00000  |                           |   |                                     |                                       |
|          |       | MM / DD / Y                    | MYY/   |                           |   |                                     |                                       |
|          | lf yo | ou checked 17a                 | a, do NOT fill out or file Form 122C-  | 2.                        |   |                                     |                                       |
| !        | If vc | u checked 17h                  | fill out Form 122C-2 and file it with  | this form. On line 39     | of that form convivour current mont   | hly income from                     | n line 14 ahove                       |

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| Fill in this information to identify your case:  |   |  |  |
|--|---|--|--|
| Debtor 1 Alexander Louis Bednar  |   |  |  |
| Debtor 2 (Spouse, if filing)   |   |  |  |
| United States Bankruptcy Court for the: Western District of Oklahoma   |   |  |  |
| Case number(if known)  | ☐ Check if th   | is is an amended f   | filing   |
| Official Form 122C-2<br>Chapter 13 Calculation of Your Disposable Ir   | icome   |  | 04/19  |
| To fill out this form, you will need your completed copy of Chapter 13 Stateme Commitment Period (Official Form 122C-1).   | nt of Your Current Monthly Inco   | me and Calculation   | of   |
| Be as complete and accurate as possible. If two married people are filing toge space is needed, attach a separate sheet to this form, Include the line number additional pages, write your name and case number (if known).  Part 1: Calculate Your Deductions from Your Income  | ther, both are equally responsib<br>to which additional information   | le for being accurat<br>applies. On the top                            | te. If more<br>any   |
| The Internal Revenue Service (IRS) issues National and Local Standards for the questions in lines 6-15. To find the IRS standards, go online using the I information may also be available at the bankruptcy clerk's office.  Deduct the expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the standards. Do not include any operating expenses of the property | ink specified in the separate ins<br>unse. In later parts of the form, you<br>enses that you subtracted from in | tructions for this fo<br>will use some of you<br>come in lines 5 and 6 | orm. This  |
| Note: Line numbers 1-4 are not used in this form. These numbers apply to inform  | nation required by a similar form us  | sed in chapter 7 case  | es.  |
| 5. The number of people used in determining your deductions from inco  | ne  |  |  |
| Fill in the number of people who could be claimed as exemptions on your fe<br>plus the number of any additional dependents whom you support. This num<br>the number of people in your household.   |   | 2  |  |
| National Standards You must use the IRS National Standards to answ   | er the questions in lines 6-7.  |  | A THE STATE OF THE |
| <ol> <li>Food, clothing, and other items: Using the number of people you entered<br/>Standards, fill in the dollar amount for food, clothing, and other items.</li> </ol>  | in line 5 and the IRS National  | \$   | 1,288.00   |
| <ol> <li>Out-of-pocket health care allowance: Using the number of people you en<br/>the dollar amount for out-of-pocket health care. The number of people is sp<br/>people who are 65 or olderbecause older people have a higher IRS allowangler than this IRS amount, you may deduct the additional amount on line</li> </ol>   | iit into two categoriespeople who<br>ance for health car costs. If your ac                                      | are under 65 and   |  |

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| People   | e w                                   | vho are under 65 years of age  | oner<br>   |  |  |                                  | •  |                      |   |
|--|---------------------------------------|--|--|--|--|----------------------------------|--|----------------------|---|
| 78   | a.                                    | Out-of-pocket health care allowance per person   | \$   | 55   |  |                                  |  |                      |   |
| 71   | b.                                    | Number of people who are under 65  | X  | 2  |  |                                  |  |                      |   |
| 70   | C.                                    | Subtotal. Multiply line 7a by line 7b.   | \$   | 110.00   |  | Copy here                        | => \$  | 110.00               |   |
| eople)   | e w                                   | who are 65 years of age or older   | 1.   | •  |  |                                  |  |                      |   |
| 70<br>70   | d.                                    | Out-of-pocket health care allowance per person   | · .:<br>- <b>\$</b>  | 114  |  |                                  |  |                      |   |
|  | e.                                    |  | X  | 0  | -  |                                  |  |                      |   |
| 71   | f.                                    | Subtotal. Multiply line 7d by line 7e.   | . \$   | 0.00   | _  | Copy here                        | => \$  | 0.00                 |   |
| 7  | g.                                    | Total. Add line 7c and line 7f   |  |  | \$   | 110.00                           | Сор  | y total here≕        | \$110.00  |
| oankro<br>—  | upi                                   | n information from the IRS, the U.S. Trustee Protect purposes into two parts: sing and utilities - Insurance and operating expe  |  | as divided t   | he IRS   | Local Standa                     | rd for hou   | ising for            | and the second section of the second |
| _  |                                       | ing and utilities - Insulance and operating expe<br>ing and utilities - Mortgage or rent expenses  | 11569  |  |  | •                                |  |                      |   |
| To ans   | sw<br>ate                             | ver the questions in lines 8-9, use the U.S. Trust<br>e instructions for this form. This chart may also  | be avail   | lable at the   | bankrup  | otcy clerk's o                   | ffice.   | _                    | specified in the  |
| Fo ans<br>separa<br>B. H<br>in   | sw<br>ate<br>lou<br>n th              | ver the questions in lines 8-9, use the U.S. Trust   | be avail<br>enses:   | iable at the I<br>Using the nu   | bankrup<br>Imber of  | otcy clerk's o                   | ffice.   | _                    |   |
| Fo ans<br>separa<br>B. H<br>in   | sw<br>ate<br>lou<br>n th              | ver the questions in lines 8-9, use the U.S. Trust<br>e instructions for this form. This chart may also<br>using and utilities - Insurance and operating exp<br>ne dollar amount listed for your county for insurance  | be avail<br>penses:<br>e and op  | lable at the light of the number at the second transfer of the secon | bankrur<br>Imber of<br>nses.   | otcy clerk's o                   | ffice.   | _                    |   |
| Fo ans<br>separa<br>3. H<br>in<br>9. H   | sw<br>ate<br>lou<br>n th<br>lou<br>a. | ver the questions in lines 8-9, use the U.S. Trust instructions for this form. This chart may also using and utilities - Insurance and operating expended and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5.  | be avail<br>penses:<br>e and op<br>, fill in the<br>es.  | lable at the last the number of the number o | bankrup<br>imber of<br>nses.<br>unt                                      | otcy clerk's o<br>I people you e | ffice.   | ine 5, fill<br>\$_   | specified in the<br>558.0   |
| Fo ans<br>separa<br>3. H<br>in<br>9. H   | sw<br>ate<br>lou<br>n th<br>lou<br>a. | ver the questions in lines 8-9, use the U.S. Trust in instructions for this form. This chart may also using and utilities - Insurance and operating expected desired for your county for insurance using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  | be availing the and openses; and other and other and all a   | lable at the it. Using the nuperating experiments amounted the interest of the | bankrup<br>Imber of<br>Inses.<br>Unt<br>Ured by                          | otcy clerk's o<br>I people you e | ffice.   | ine 5, fill<br>\$_   |   |
| Fo ansepara<br>S. H<br>in<br>O. H  | sw<br>ate<br>lou<br>n th<br>lou<br>a. | ver the questions in lines 8-9, use the U.S. Trust is instructions for this form. This chart may also using and utilities - Insurance and operating expanded delar amount listed for your county for insurance using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the  | be available and op<br>fill in the<br>es.<br>and oth<br>add all a<br>60 month  | lable at the it. Using the nuperating experiments amounted the interest of the | pankrup<br>Imber of<br>Inses.<br>Unt<br>Ured by<br>Pare<br>ile           | otcy clerk's o<br>I people you e | ffice.   | ine 5, fill<br>\$_   |   |
| Fo ans<br>separa<br>3. H<br>in<br>9. H   | sw<br>ate<br>lou<br>n th<br>lou<br>a. | ver the questions in lines 8-9, use the U.S. Trust is instructions for this form. This chart may also using and utilities - Insurance and operating expected desired and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, contractually due to each secured creditor in the for bankruptcy. Next divide by 60.   | be avail<br>benses:<br>e and op<br>, fill in the<br>es.<br>and oth<br>add all a<br>60 monti  | lable at the IUsing the nuperating experence dollar amore debts sections after your factors.   | pankrup<br>Imber of<br>Inses.<br>Unt<br>Ured by<br>Pare<br>ile           | otcy clerk's o<br>I people you e | ffice.   | ine 5, fill<br>\$_   |   |
| o ansepara   | sw<br>ate<br>lou<br>n th<br>lou<br>a. | ver the questions in lines 8-9, use the U.S. Trust instructions for this form. This chart may also using and utilities - Insurance and operating expected desired and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  | be available and op  | lable at the IUsing the nuperating experience delta amounts that the after your faverage morphyment  | pankrup<br>Imber of<br>Inses.<br>Unt<br>Ured by<br>Pare<br>ile           | otcy clerk's o<br>I people you e | ffice.   | ine 5, fill<br>\$_   | 558.0   |
| Fo ans<br>separations<br>3. Hindo<br>9. Hindo<br>9.  | swate<br>loun th<br>lou<br>la.        | ver the questions in lines 8-9, use the U.S. Trust instructions for this form. This chart may also using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor.  9b. Total average monthly payment.  | be available and op  | lable at the IUsing the nuperating experience delta amounts that his after you for a symmetric delta and payment \$  | pankrup<br>Imber of<br>Inses.<br>Unt<br>Ured by<br>Pare<br>ile           | your home.                       | ffice.   | 1,024.00             | 558.0   |
| Co ans<br>eparation in<br>in<br>in<br>0. H   | swate<br>loun th<br>lou<br>la.        | ver the questions in lines 8-9, use the U.S. Trust instructions for this form. This chart may also using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor.  9b. Total average monthly payment.  | be available and openses: e and openses: e and openses: e and others.  and others are and others are and others and others and others are and others and others are an and others and others are an additionally and others are an additionally and others are an additionally and others are also an additionally and others are also and others are also an additionally and others are also and others are also and others are also an additionally and others are also and others are also an additionally and others are also an additionally an additionally an  | lable at the IUsing the nuperating experience delta amounts that his after you for anyment \$  | pankrup<br>Imber of<br>Inses.<br>Unt<br>Ured by<br>are<br>ille<br>Inthly | your home.                       | ffice.   | 1,024.00<br>0.00     | Repeat this amount on line 33a.   |
| Fo ansseparation (in a separation of ansseparation of a separation of a separa | sweate<br>loun th<br>lou<br>la.       | ver the questions in lines 8-9, use the U.S. Trust is instructions for this form. This chart may also using and utilities - Insurance and operating expected desired and utilities - Insurance and operating expected desired for your county for insurance using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5 listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  9b. Total average monthly payment.  Net mortgage or rent expense.  Subtract line 9b (total average monthly payment) | be available and openses: e and openses: e and openses: e and others.  and others and ot | lable at the I Using the nuperating experience dollar amounts that this after you for anyment \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | oankrup Imber of Inses.  unt ured by are ile  0.00  ge                   | your home.  Copy here=>          | ## style="background-color: blue;"   ## style="b | 0.00<br>0.00<br>Copy | Repeat this amount on line 33a.   |

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Case number (if known)

| ebtor 1                                 | Alexander Louis Bednar   |  | ase number ( <i>if know</i>        | /n)                                   |  |                           |
|---|--|--|------------------------------------|---------------------------------------|--|---------------------------|
| 11.                                     | Local transportation expenses: Check the number of vehicl  | es for which you claim ar                          | ownership or                       | operating                             | expense.                                     | _                         |
|   | ■ 0. Go to line 14.  |  |                                    |                                       |  |                           |
|   | ☐ 1. Go to line 12.  |  |                                    |                                       |  |                           |
|   | 2 or more. Go to line 12.  |  |                                    |                                       |  |                           |
| 12.                                     | Vehicle operation expense: Using the IRS Local Standards   | and the number of vehicl                           | es for which yo                    | u claim th                            | ne   | 0.00                      |
|   | operating expenses, fill in the Operating Costs that apply for y   | our Census region or me                            | etropolitan statis                 | stical area                           | 3. Ψ   |                           |
| 13.                                     | Vehicle ownership or lease expense: Using the IRS Local S<br>You may not claim the expense if you do not make any loan of<br>more than two vehicles.                                       | Standards, calculate the lor lease payments on the | net ownership o<br>vehicle. In ado | ir lease e<br>lition, you             | xpense for each ven<br>I may not claim the e | cie below.<br>expense for |
| Vel                                     | nicie 1 Describe Vehicle 1:  |  |                                    | · · · · · · · · · · · · · · · · · · · |  |                           |
| 13a.                                    | Ownership or leasing costs using IRS Local Standard  |  | . \$                               | 0.00                                  |  |                           |
| 13b.                                    | Average monthly payment for all debts secured by Vehicle 1.  |  |                                    |                                       |  |                           |
|   | Do not include costs for leased vehicles.  |  |                                    |                                       |  |                           |
|   | To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.                                  | 3e, add all amounts that<br>hs after you file for  |                                    | ÷                                     |  |                           |
|   | Name of each creditor for Vehicle 1  | Average monthly                                    |                                    |                                       |  |                           |
|   |  | payment:   |                                    |                                       |  |                           |
|   |  | <u>\$</u>  |                                    |                                       | Repeat this                                  |                           |
|   | Total Average Monthly Payment  | \$   | Copy<br>here => -\$                | . (                                   | amount on line 33b.                          |                           |
| 13c.                                    | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0.   | , enter \$0  | \$                                 | 0.00                                  | Copy net Vehicle 1 expense here => \$        | 0.00                      |
| Vo                                      | hicle 2 Describe Vehicle 2:  |  |                                    |                                       |  |                           |
| *************************************** | . Ownership or leasing costs using IRS Local Standard  |  |                                    | 0.00                                  |  |                           |
|   | . Average monthly payment for all debts secured by Vehicle 2. leased vehicles.   |  |                                    |                                       |  |                           |
|   | Name of each creditor for Vehicle 2  | Average monthly payment                            |                                    |                                       |  |                           |
|   |  | _ \$   | •                                  |                                       |  |                           |
|   |  |  | Сору                               |                                       | Repeat this                                  |                           |
|   | Total average monthly payment  | \$   | here<br>=> -\$                     | 0.0                                   | amount on line<br>33c.                       |                           |
| 13f                                     | Net Vehicle 2 ownership or lease expense   | ·L   | J                                  |                                       | Copy net                                     |                           |
| 101.                                    | Subtract line 13e from line 13d. if this number is less than \$0   | , enter \$0  |                                    | 0.00                                  | Vehicle 2<br>expense here<br>=> \$           | 0.00                      |
| 14.                                     | Public transportation expense: If you claimed 0 vehicles<br>Public Transportation expense allowance regardless of  | in line 11, using the IR<br>whether you use public | S Local Standa<br>transportation   | ards, fill i<br>n.                    | in the \$                                    | 217.00                    |
| 15.                                     | Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i> | what you believe is the ap                         | 11 and if you o<br>propriate exper | laim that<br>nse, but y               | you may<br>ou may<br>\$                      | 0.00                      |

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Case number (if known)

| Oth | er Necessary Expenses In a<br>the  | iddition to the expense of following IRS categories  |   | listed above                       | , you are allowed  | our monthly expenses  | s for       |                     |
|-----|--|--|---|------------------------------------|--|---|-------------|---------------------|
| 16. | Taxes: The total monthly amou<br>self-employment taxes, social s<br>your pay for these taxes. Howev<br>and subtract that number from t   | ecurity taxes, and Mediover, if you expect to rece   | care taxes<br>eive a tax r                  | . You may in<br>efund, you n       | clude the monthly a<br>nust divide the exp                       | amount withheld from  |             |                     |
|     | Do not include real estate, sales  | s, or use taxes.   |   |                                    |  |   | \$          | 1,200.00            |
| 17. | Involuntary deductions: The t contributions, union dues, and t   |  | luctions th                                 | at your job re                     | quires, such as ref  | irement   |             |                     |
|     | Do not include amounts that are  | e not required by your jo  | b, such as                                  | voluntary 40                       | 1(k) contributions   | or payroll savings.   | \$ <u> </u> | 0.00                |
| 18. | Life Insurance: The total month<br>filing together, include payment<br>Do not include premiums for life<br>of life insurance other than term   | s that you make for you<br>e insurance on your dep   | r spouse's                                  | term life insu                     | rance.   |   | \$          | 45.00               |
| 19. | Court-ordered payments: The administrative agency, such as   |  |   |                                    | by the order of a  | court or  |             | ,                   |
|     | Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  |  |   |                                    |  |   |             | 200.00              |
| 20. | Education: The total monthly a   |  | education                                   | that is either                     | required:  |   |             |                     |
|     | as a condition for your job, o   |  |   |                                    |  |   |             |                     |
|     | for your physically or mental  |  |   | •                                  |  |   | \$          | 0.00                |
| 21. | Childcare: The total monthly an<br>Do not include payments for any   | *, * *   |   | -                                  | sitting, daycare, nu   | rsery, and preschool.   | \$          | 0.00                |
| 22. | Additional health care expens<br>that is required for the health an<br>by a health savings account. Inc  | nd welfare of you or you   | r dependei                                  | nts and that i                     | s not reimbursed b   | y insurance or paid   |             | ·                   |
|     | Payments for health insurance  | _  |   |                                    |  | •   | \$          | 0.00                |
| 20. | Optional telephone and telephone you and your dependents, so phone service, to the extent nec income, if it is not reimbursed by Do not include payments for basexpenses, such as those reports  | uch as pagers, call waiti<br>cessary for your health a<br>y your employer.<br>sic home telephone, inte | ing, caller i<br>and welfare<br>ernet and c | dentification,<br>e or that of you | special long distar<br>our dependents or<br>rvice. Do not includ | nce, or business cell<br>for the production of<br>the self-employment | +\$         | 0.00                |
| 24. | Add all of the expenses allow<br>Add lines 6 through 23.   | red under the IRS expe   | ense allow                                  | ances.                             |  |   | \$          | 4,642.00            |
| Add | litional Expense Deductions  | These are additional o   | leductions                                  | allowed by the                     | ne Means Test.   |   | L.,         |                     |
| 25. | Health insurance, disability in insurance, disability insurance, your dependents.  | surance, and health s  | avings ac                                   | count exper                        | ses. The monthly   | expenses for health   | r           | rainin kurutassuuli |
|     | Health insurance   | ,  | \$  | 0.00                               |  |   |             | •                   |
|     | Disability insurance   |  | \$  | 0.00                               |  |   |             |                     |
|     | Health savings account   | +  | + \$  | 0.00                               |  |   |             |                     |
|     | Total  |  | \$  | 0.00                               | Copy total here=   | >   | \$          | 0.00                |
|     |  |  | L .   |                                    | j  |   |             |                     |
|     | Do you actually spend this total  No. How much do you a  |  |   |                                    |  |   |             |                     |
|     | Yes  | ictually sperio:   | \$  | •                                  |  |   |             |                     |
| 26. | Continued contributions to the continue to pay for the reasonal your household or member of your household or hous | ble and necessary care<br>our immediate family wh  | r family m<br>and suppo<br>no is unable     | rt of an elder<br>e to pay for s   | ly, chronically ill, o<br>uch expenses. The                      | r disabled member of  |             |                     |
| 27. | include contributions to an acco   | ence. The reasonably n   | ecessary r                                  | nonthly expe                       | nses that you incu   | r to maintain the   | \$          | 0.00                |
|     | safety of you and your family un   | ider the Family Violence   | Preventio                                   | n and Servic                       | es Act or other fed  | eral laws that apply.   |             |                     |
|     | By law, the court must keep the  | nature of these expense  | es confide                                  | ntial.                             |  |   | \$          | 0.00                |

Alexander Louis Bednar

Debtor 1

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| btor 1   | Alexander Louis Bednar Case number (if kno   | own)                            |   |                |                  |         |
|--|--|---------------------------------|---|----------------|------------------|---------|
|  | Additional home energy costs. Your home energy costs are included in your insurance and operatine 8.   | ting expe                       | nses on   |                |                  |         |
|  | f you believe that you have home energy costs that are more than the home energy costs included i<br>3, then fill in the excess amount of home energy costs  | in expens                       | ses on lii  | ne             |                  | •       |
|  | You must give your case trustee documentation of your actual expenses, and you must show that th<br>amount claimed is reasonable and necessary.  | e additio                       | nai   |                | \$               | 0.00    |
| \$   | Education expenses for dependent children who are younger than 18. The monthly expenses (<br>\$170.83* per child) that you pay for your dependent children who are younger than 18 years old to a public elementary or secondary school.   | not more<br>ittend a p          | than<br>rivate or   |                |                  |         |
|  | You must give your case trustee documentation of your actual expenses, and you must explain why claimed is reasonable and necessary and not already accounted for in lines 6-23.   | the amo                         | unt   |                |                  |         |
| *  | * Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date  | of adjus                        | tment.  |                | \$               | 0.00    |
| h  | Additional food and clothing expense. The monthly amount by which your actual food and clothin<br>nigher than the combined food and clothing allowances in the IRS National Standards. That amount<br>than 5% of the food and clothing allowances in the IRS National Standards.   | g expens<br>cannot b            | ses are<br>be more  | . *            | 1                |         |
| T<br>ir  | To find a chart showing the maximum additional allowance, go online using the link specified in the s<br>instructions for this form. This chart may also be available at the bankruptcy clerk's office.  | separate                        |   |                |                  |         |
| Υ  | You must show that the additional amount claimed is reasonable and necessary.  |                                 |   |                | \$               | 0.00    |
|  | Continuing charitable contributions. The amount that you will continue to contribute in the form of instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).  | f cash or                       | financia  | Ī              |                  |         |
|  | Do not include any amount more than 15% of your gross monthly income.  |                                 |   | _              | \$               | 0.00    |
| 32. <b>A</b>   | Add all of the additional expense deductions.  Add lines 25 through 31.  |                                 |   |                | \$               | 0.00    |
| Deduc<br>33. Fo<br>lo:<br>To   | octions for Debt Payment or debts that are secured by an interest in property that you own, including home mortgages nans, and other secured debt, fill in lines 33a through 33e. o calculate the total average monthly payment, add all amounts that are contractually due to each so   | , vehicle                       | eri Kalinda<br>Kanada   | and the second |                  |         |
| Deduc<br>33. Fo<br>loa   | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e.  To calculate the total average monthly payment, add all amounts that are contractually due to each sereditor in the 60 months after you file for bankruptcy. Then divide by 60.  | , vehicle                       | en in Section | Ä              | verage           | monthly |
| Deduc<br>33. Fo<br>loa<br>To   | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e.  o calculate the total average monthly payment, add all amounts that are contractually due to each se reditor in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  | , vehicle                       | •   |                | verage<br>ayment | 7       |
| Deduc<br>33. Fo<br>loa<br>To   | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e.  o calculate the total average monthly payment, add all amounts that are contractually due to each served it or in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here   | , vehicle                       | ent get en  |                |                  |         |
| Deduction 100 cres   | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e.  o calculate the total average monthly payment, add all amounts that are contractually due to each secured to the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  | , vehicle                       | =>  |                |                  | 0.00    |
| Deduc<br>33. Fo<br>loa   | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e.  o calculate the total average monthly payment, add all amounts that are contractually due to each served it on the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  | , vehicle                       | =>  |                |                  | 0.00    |
| 33. For local loca | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e. o calculate the total average monthly payment, add all amounts that are contractually due to each se reditor in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  | , vehicle                       | =>  |                |                  | 0.00    |
| 33. For los 100 and 10 | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e.  o calculate the total average monthly payment, add all amounts that are contractually due to each served it on the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  | Does princlude                  | => => ayment taxes  |                |                  | 0.00    |
| 33. For los 100 and 10 | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e.  o calculate the total average monthly payment, add all amounts that are contractually due to each served to in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:   | ecured  Does pa                 | => => ayment taxes ance?  |                |                  | 0.00    |
| 33. For los 100 and 10 | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e.  o calculate the total average monthly payment, add all amounts that are contractually due to each served to in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:   | Does princtude or insur         | => => ayment taxes  |                |                  | 0.00    |
| 33. For local loca | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e. o calculate the total average monthly payment, add all amounts that are contractually due to each sericitor in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts: e of each creditor for other secured debt  Identify property that secures the debt | Does princlude or insur         | => => ayment taxes ance?  |                |                  | 0.00    |
| 33. For local loca | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e. o calculate the total average monthly payment, add all amounts that are contractually due to each sericitor in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts: e of each creditor for other secured debt  Identify property that secures the debt | Does princlude include or insur | => => ayment taxes ance?  |                |                  | 0.00    |
| 33. For los 100 and 10 | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e. o calculate the total average monthly payment, add all amounts that are contractually due to each sericitor in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts: e of each creditor for other secured debt  Identify property that secures the debt | Does painclude or insur         | => => ayment taxes ance?  |                |                  | 0.00    |
| 33. For los 100 and 10 | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e. o calculate the total average monthly payment, add all amounts that are contractually due to each sericitor in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts: e of each creditor for other secured debt  Identify property that secures the debt | Does princtude or insur         | => => ay/ment taxes ance?   |                |                  | 0.00    |
| 33. For los 100 and 10 | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e. o calculate the total average monthly payment, add all amounts that are contractually due to each sericitor in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts: e of each creditor for other secured debt  Identify property that secures the debt | Does princtude or in No         | => => ayment taxes ance?  | \$ \$ \$       |                  | 0.00    |
| Deduce<br>33. For<br>local<br>33a.<br>33b.<br>33c.<br>33d.<br>Name   | or debts that are secured by an interest in property that you own, including home mortgages bans, and other secured debt, fill in lines 33a through 33e. o calculate the total average monthly payment, add all amounts that are contractually due to each sericitor in the 60 months after you file for bankruptcy. Then divide by 60.  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts: e of each creditor for other secured debt  Identify property that secures the debt | Does princtude or in No         | => ayment taxes ance? cs  | \$ \$ \$ \$    |                  | 0.00    |

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| ebtor 1         | Alexa                               | ander Louis Bednar   |  |  | Cas  | e num       | nber (if known)   |                   |      |                  |          |
|-----------------|-------------------------------------|--|--|--|--|-------------|-------------------|-------------------|------|------------------|----------|
|                 |                                     | debts that you listed in line property necessary for you   |  |  |  | <b>,</b>    |                   |                   |      |                  |          |
|                 | l No.                               | Go to line 35.   |  |  |  |             |                   |                   |      |                  |          |
| . 🗆             |                                     | State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in   | ssession of your property  |  |  |             |                   |                   |      |                  |          |
|                 | 91.4                                | creditor   | Identify property that sec   |  |  | Tota        | al cure amount    | ÷ 60 = 3          | amo  | thly cure<br>unt |          |
|                 |                                     |  |  |  | Total  | \$_         | 0.00              | Copy<br>total     | ĺ,   | \$               | 0.00     |
|                 |                                     | we any priority claims - su<br>due as of the filing date of  |  |  |  | nat         |                   | <br>:             |      |                  |          |
|                 | No.                                 | Go to line 36.   |  |  |  |             |                   |                   |      |                  |          |
| . =             | Yes.                                | Fill in the total amount of all ongoing priority claims, suc   | ch as those you listed in lir  |  | e current or   |             | \$<br>•           |                   |      | te.              |          |
|                 | •                                   | Total amount of all past-d   | ue priority claims   |  |  | <b>\$</b> _ | 129,500.00        | ÷ 6               | 0 \$ | ·                | 2,158.33 |
| 36. Pr          | rojected                            | d monthly Chapter 13 plan  | payment  |  |  | \$          | 800.00            |                   |      |                  |          |
| Of<br>the<br>To | ffice of t<br>e Execu<br>find a lis | nultiplier for your district as s<br>the United States Courts (for<br>utive Office for United States<br>st of district multipliers that inclu<br>instructions for this form. This list | r districts in Alabama and<br>5 Trustees (for all other dis<br>des your district, go online us | North Carolinatricts).  Ing the link spe | na) or by  | x _         | 5.40              |                   |      |                  |          |
| Av              | verage r                            | monthly administrative expe  | nse  |  |  | \$          | 43.20             | Copy to<br>here=> |      |                  | 43.20    |
|                 |                                     | of the deductions for debt<br>s 33e through 36.  | payment.   |  |  |             |                   |                   | \$   | 2                | ,201.53  |
| Total           | Deduct                              | tions from Income  |  |  |  | To d        |                   |                   |      |                  |          |
| 38. Ac          | dd all o                            | f the allowed deductions.  | tager - 11 mar 2000 (2000) de servição de debido de la mar de condedido                        |  | The description of the second section of the s |             |                   | And analogists of |      |                  |          |
|                 |                                     | e 24, All of the expenses all<br>allowances  |  | \$                                       | 4,642.00   | )           |                   |                   |      |                  | -        |
|                 |                                     | e 32, All of the additional ex   |  |  | 0.00   | )_          |                   |                   |      |                  |          |
|                 | Copy line                           | e 37, All of the deductions fo   | or debt payment  | +\$                                      | 2,201.53   | <u> </u>    |                   |                   |      |                  |          |
| Т               | Total de                            | ductions   |  | \$                                       | 6,843.53   | ,           | Copy total here=> |                   | \$   |                  | 6,843.53 |

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| Deptor      | Alexander Louis Bednar Cas   | se num                     | ber (if known)   |         |          | <del></del> |             |
|-------------|--|----------------------------|--|---------|----------|-------------|-------------|
| Part 2      | Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)  |                            |  |         |          |             |             |
| 39.         | Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.  |                            |  | \$      |          | -           | 6,000.00    |
| 40.         | Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.  | \$                         | 0  | .00     |          |             |             |
|             | Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).   | \$                         | . 0  | .00     |          |             |             |
| 42.         | Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here  | > \$                       | 6,843  | .53     |          |             |             |
| 43.         | Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.   | d                          |  |         |          |             |             |
| Des         | scribe the special circumstances Amount of expe  | nse                        |  |         |          |             |             |
|             | · · · · · · · · · · · · · · · · · · ·  |                            | v.   |         |          |             |             |
|             | *  |                            | -  |         |          | •           |             |
|             | **   |                            | -  |         |          |             |             |
|             | \$   |                            | _  |         |          |             |             |
|             |  | ٦_                         |  |         |          |             |             |
|             | Total \$ 0.00  | Co                         | py<br>re=> \$  |         | 0.00     |             |             |
|             |  |                            |  |         |          | •           |             |
|             |  |                            |  | Cor     | w        |             |             |
| 44.         | Total adjustments. Add lines 40 through 43. => \$  | \$                         | 6,843.53   | 1 *     | e=> -\$  |             | 6,843.53    |
|             |  |                            | · <del></del>  |         |          |             |             |
| <b>45</b> . | Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from li  | ine 3                      | 9.   |         | \$       |             | -843.53     |
| Part 3      | Change in Income or Expenses   |                            |  | ·       |          |             |             |
| 46.         | Change in income or expenses. If the income in Form 122C-1 or the expenses you repo have changed or are virtually certain to change after the date you filed your bankruptcy pe time your case will be open, fill in the information below. For example, if the wages reporte you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, wages increased, fill in when the increase occurred, and fill in the amount of the increase. | etition<br>ed ind<br>, exp | and during the creased after   |         |          |             |             |
|             | Line Reason for change Date of change  122C-1 122C-2 122C-1 122C-2 122C-1 122C-2   |                            | Increase or decrease?  Increase Decrease Increase Decrease Increase Decrease Decrease Decrease | \$ . \$ | nount of | change      |             |
|             | 22C-1  |                            | ☐ increase   |         |          |             | <del></del> |
|             | 122C-2   |                            | Decrease   | \$      |          |             |             |
|             |  |                            |  |         |          |             |             |

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| Debtor 1 | Alexander Louis Bednar                                       | Case number (if known)   |       |
|----------|--|--|-------|
|          |  |  |       |
| Part 4:  | Sign Below   |  |       |
|          |  |  |       |
| E        | By signing here, under penalty of perjury you declare that t | the information on this statement and in any attachments is true and con | rect. |
| X        | /s/ Alexander Louis Bednar Alexander Louis Bednar            |  |       |
|          | Signature of Debtor 1  | · · · · · · · · · · · · · · · · · · ·                                    | •     |
| Date     | <del>July 11, 2019</del><br>MM/DD /YYYY                      |  |       |
|          |  |  |       |
|          |  |  |       |

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# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)



### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7' - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |   |   |
|------------|--------------------|---|---|
| \$245      | filing fee         | , | - |
| \$75       | administrative fee |   |   |
| + \$15     | trustee surcharge  |   |   |
| \$335      | total fee          |   |   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans:

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,717

\$1,167 filing fee

+ \$550 administrative fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

total fee

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### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

| + |       | filing fee<br>administrative fee |
|---|-------|----------------------------------|
|   | \$275 | total fee                        |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations.

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc">http://justice.gov/ust/eo/hapcpa/ccde/cc</a> approved html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case: 19-14021 Doc: 1 Filed: 10/01/19 Page: 61 of 62

## United States Bankruptcy Court Western District of Oklahoma

| *     | an and a second |   |               |             |    |       |
|-------|---|---|---------------|-------------|----|-------|
| In re | Alexander Louis Bednar  | 4 |               | Case No.    |    |       |
|       | 1   |   | <br>Debtor(s) | <br>Chapter | 13 | <br>i |
|       |   |   |               |             |    |       |

### **VERIFICATION OF CREDITOR MATRIX**

| that the attached list of creditors is true and correct to the best of his/he | er knowledge.  |
|---|--|
| All   |  |
| /s/ Alexander Louis Bednar  |  |
| Alexander Louis Bednar  |  |
| Signature of Debtor   | •  |
| -Isl Stephen A. Harry   |  |
| Signature of Attorney   |  |
| Stephen A. Harry 20499  |  |
| -Stephen A. Harry   |  |
| 3030-NW-Expressway  |  |
| Suite 200   |  |
| Oklaboma Ghy, DK 73142  |  |
|   | Alexander Louis Bednar Signature of Debtor  Ast Stephen A. Harry Signature of Attorney Stephen A. Harry 20499 Stephen A. Harry |

Performance Food Group, Inc. Lo Bill Malone 8650 Spicewood Springs Aughn Tx 78759